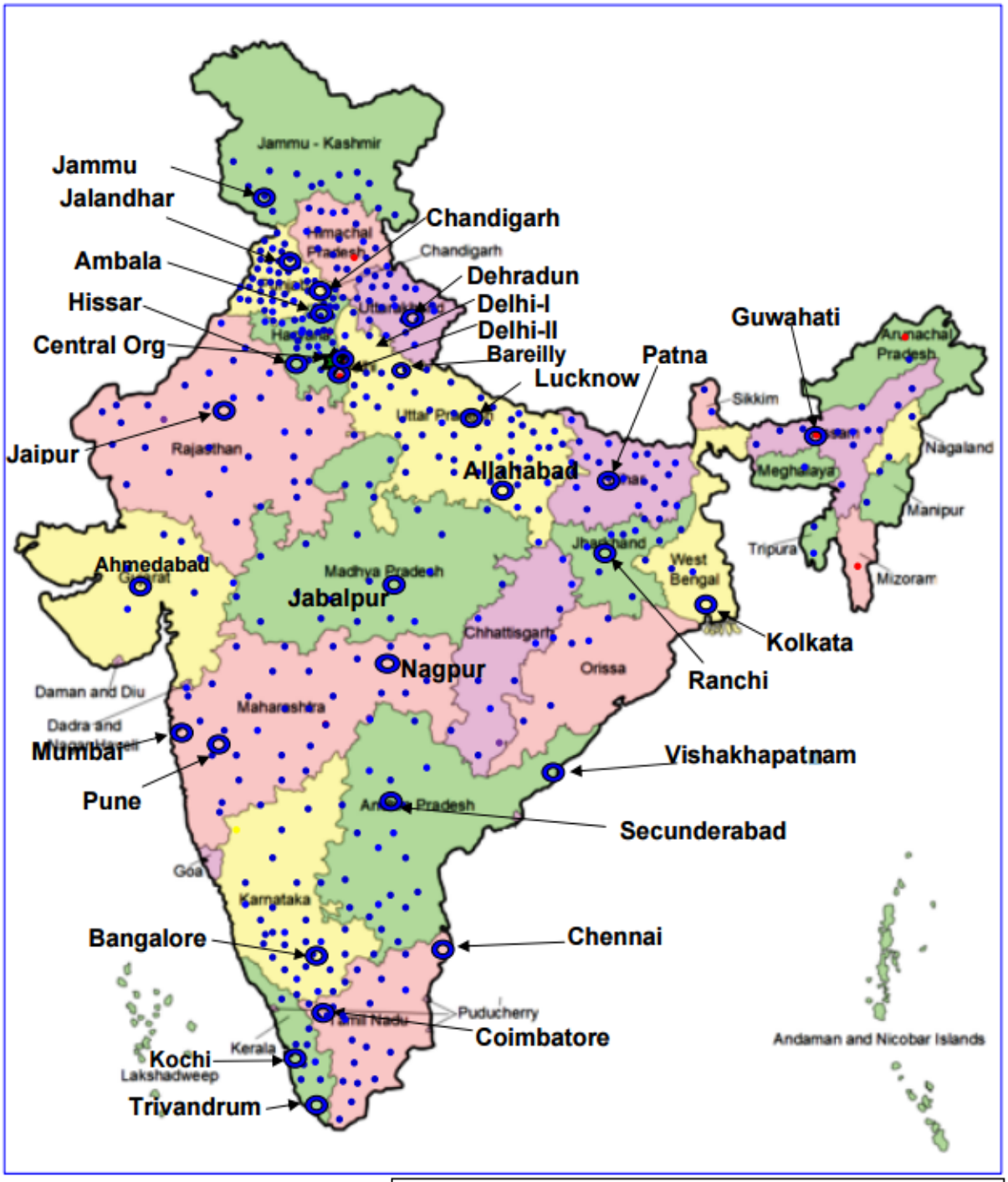
EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

COMPENDIUM OF CO ECHS LETTERS
01 Apr 2003 to 31 Dec 2022

ECHS NETWORK



LEGEND	
★	Central Organisation, ECHS
○	Functional Regional Centres
•	Functional Polyclinics
•	Polyclinics Awaiting Operationalisation

Helpline No. Call **1800 114 115**

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Section - I

OPS & COORD SECTION

Tele: 25690325
ASCON: 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD(Army)
Maude Lines
Delhi Cantt-10

B/49705-Land&PlinthArea/AG/ECHS018

22 Jun 2018

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
IHQ of MoD (Navy)/ Dir ECHS (Navy)
Air HQ (VB)/ Dte of AV

ENHANCED LAND & PLINTH AREA FOR ECHS POLYCLINICS

1. The existing Land & Plinth Area as per GoI letter No. 24 (5)/03/USNWE/D(Res) dated 08 Sep 2003 is as follows:

(a) **Land (in Sq Ft)**

Type of Polyclinic	A	B	C	D
Area of land (in Sq Ft)	10806	10806	6307	6307

(b) **Builtup Area (in Sq Ft).**

Type of Polyclinic	A	B	C	D
Built up Area (in Sq Ft)	5000	4000	2500	2000

2. Based on enhanced need, case was taken up with MoD(DoESW) to enhance the Land & Plinth Area as under for which a BOO was convened under DYMD,COECHS with members from MoD(DoESW), MoD(Fin), E-in-C Br, O/o DGAFMS and JD(Ops) from COECHS:

(c) **Land(in Sq Ft).**

Type of Polyclinic	A	B	C	D
Area of land (in Sq Ft)	21600	17100	11700	9900

(d) **Built up Area (in Sq Ft).**

Type of Polyclinic	A	B	C	D
Built up Area (in Sq Ft)	14440	11350	7800	6650

2. Revision of Land & Plinth Area as proposed has not been sanctioned upfront but has been accepted as 'Planning Norms' for all existing & future Polyclinics as per MoD (DoESW) letter No. 22C(18)/2012NWE/D(Res-1) dated 28 May 2018 (copy attached). Cases can be taken up on merit after applying these norms based on actual dependents/ footfall in the concerned Polyclinics. The planning norms are the upper ceiling limits and areas/ construction only as needed to be progressed to economize the expenditure based on functional requirement

3. Working sheet for Planning Norms is also enclosed for guidance.

(Niranjan Kumar)
Brig
Dy MD
for MD ECHS

Encl:- 06 pages

Copy to:-

MoD (DoESW). - For info wrt letter No. 22C(18)/2012/WE/D(Res-I) dated 28 May 18.

(All Regional Centres)

(All Area HQs)

(All Sub Area HQs)

Internal Copy to:

---------- - For info S&A Sec to upload on ECHS Website. (All Sections)

REVISEDPLANNING NORMS: CASE TOCASE BASIS

PLINTH AREA

Recommendations of Committee

Facilities / Rooms	Floor Area in Sq Mtr				
	Type A	Type B	Type C	Type D	Remarks
Main Clinic	239.75	159.25	108.50	70.25	End-1
Specialist Clinic	220.50	161.00	91.00	82.25	
Dental Clinic	91.00	77.00	49.00	45.50	End-2
Laboratory	42.00	38.50	28.00	28.00	
Radiology	63.00	63.00	49.00	49.00	End-3
Physiotherapy	35.00	35.00	24.50	24.50	
Medical Store	105.00	84.00	63.00	49.00	End-4
Logistic Store	28.00	21.00	14.00	10.50	
Administrative	45.50	45.50	42.00	42.00	End-5
Total	**869.75**	**684.25**	**469.00**	**401.00**	
Circulation Area (40%)	347.90	273.70	187.60	160.40	
Total	1217.65	957.95	656.60	561.40	
Future Expansion (10%)	121.70	95.70	65.60	56.10	
Grand Total.	**1339.35**	**1053,60**	**722.20**	**617.50**	
Total Built Up Area (in Sq Mtrs) (R/O)	**1340.00**	**1054.00**	**723.00**	**618.00**	
Total Built Up Area (in Sq Ft) (R/O)	**14440**	**11350**	**7800**	**6650**	

REVISEDPLANNING NORMS: CASE TOCASE BASIS

PLINTH AREA:

Main Clinic				
	Type A	**Type B**	**Type C**	**Type D**
(a) Reception	14.00	10.5	7.00	7.00
(b), Lobby	To be part of circulation area			
(c) Medical Officers Examination Rooms (Consultation Room)	14.00X6 = 84.00	14.00X3 = 42.00	14.00X2 = 28.00	14.00X2 = 28.00
(d)Treatment Room	21.00	21.00	14.00	14.00
(e) - Waiting Rooms				
(i) Male	42.00	35.00	21.00	14.00
(ii) Family	42.00	21.00	14.00	10.50
(f) Sanitary				
(i) Staff	5.25	5.25	3.50	3.50
(ii) Male	10.5	7.00	7.00	5.25
(iii) Female	10.5	7.00	5.25	5.25
(iv) Handicapped	7.00	7.00	5.25	5.25
(v)Janitor Closet	3.50	3.50	3.50	3.50
Total	**239.75**	**159.25**	**108.50**	**70.25**

Facilities	**FloorAreain Sqmtr**			
	Type A	**Type B**	**Type C**	**Type D**
Specialist Clinic				
(a)Medical Specialist				
(i)Consultation	14.00 X 2 = 28.00	14.00X2= 28.00	14.00X1= 14.00	14.00X1= 14.00
(ii) Att Toilet	3.50 X 2 = 7.00	3.50 X 2 = 7.00	3.50	3.50
(iii) Sub waiting	10.50	7.00		
(iv) ECG Room	14.00	10.50	7.00	7.00
(b) Visiting Specialist				
(i) Consultation	14.00X1= 14.00	14.00X1= 14.00	14.00X1= 14.00	14.00X1= 14.00
(c) Obst&Gynae				
(i) Consultation	14.00X1= 14.00	14.00X1= 14.00		
(ii) Att Toilet	3.50	3.50		
(d)Specialist Waiting				
(i) Male	42.00	21.00	14.00	10.50
(ii) Family	42.00	21.00	14.00	10.50
(e) Sanitary				
(i) Male	10.50	7.00	7.00	5.25
(ii) Female	10.50	17.00	5.25	5.25
(iii) Handicapped	7.00	7.00	5.25	5.25
(iv)Janitor Closet	13.50	3.50	3.50	3.50
Total	**220.50**	**161.00**	**91.00**	**82.25**

Note - it has been decided that toilet of visiting specialist clinic is to be removed and merge with that of Gynaecologist and also that sub waiting room of Gynaecologist be deleted.

REVISEDPLANNING NORMS: CASE TOCASE BASIS

PLINTH AREA:

Facilities		Floor Area in SqMtr			
		Type A	Type B	Type C	Type D
Dental Clinic					
(a)	Dental Surgery	21.00 X2 = 42.00	21.00 X2 = 42.00	21.00 X1 = 21.00	21.00 X1= 21.00
(b)	Dental Lab	14.00	10.50	7.00	7.00
(c)	Dental Waiting	21.00	14.00	14.00	10.50
(d)	Reception& Records	14.00	10.50	7.00	7.00
Total		**91.00**	**77.00**	**49.00**	**45.50**

GoI/ MoD letter No. 22221/Scales of Accm/DGDS-2/468/D(works-I) dated 03 Sep 2013, Para 10(a).

Facilities		Floor Area in SqMtr			
		Type A	Type B	Type C	Type D
Laboratory					
(a)	Specimen Collection	14.00	10.50	7.00	7.00
(b)	Work Room	21.00	21.00	14.00	14.00
(c)	Sanitary				
	(i) Male	3.50	3.50	3.50	3.50
	(ii) Female	3.50	3.50	3.50	3.50
Total		42.00	38.50	28.00	28.00

PLINTH AREA:-

Facilities	Floor Area in SqMtr			
	Type A	Type B	Type C	Type D
Radiology				
(a) X-Ray Room	17.50	17.50	17.50	17.50
(b) Dressing Cubicle	03.50	3.50	3.50	3.50
(c) Transformer & Phase changer	03.50	3.50	3.50	3.50
(d) Film Developing and Dark Room	10.50	10.50	10.50	10.50
(e) Ultrasound Room	14.00	14.00	14.00	14.00
~~(f) Waiting~~	~~42.00~~	~~28.00~~	~~21.00~~	~~10.50~~
(g) Radiologist	14.00	14.00	-	-
Total	**63.00**	**63.00**	**49.00**	**49.00**

It has been decided that the waiting room of radiology department be removed and corridor be used for waiting.

Facilities	Floor Area in SqMtr			
	Type A	Type B	Type C	Type D
Physiotherapy				
(a) Infra red cubicle	07.00	07.00	07.00	07.00
(b) Laser therapy	10.50	10.50	10.50	10.50
(c) Ultrasonic therapy	07.00	07.00	07.00	07.00
(d) Combined treatment	10.50	10.50	-	-
~~(e) Reception & Records~~	~~7.00~~	~~7.00~~	~~7.00~~	~~7.00~~
Total	**35.00**	**35.00**	**24.50**	**24.50**

It has been decided that Reception and Records rooms be removed.

PLINTH AREA:

Facilities	Floor Area in Sq Mtr			
	Type A	**Type B**	**Type C**	**Type D**
Medical Store				
(a) Dispensing	21.00	17.50	14.00	10.50
(b) Store	42.00	35.00	28.00	21.00
(c)StoreNon Expendables	28.00	21.00	14.00	10.50
(d) Records & Office	14.00	10.50	07.00	7.00
Total	**105.00**	**84.00**	**63.00**	**49.00**

Logistics Store				
(a)General Store	28.00	21.00	14.00	10.50
(b) Clothing	14.00	10.50	7.00	7.00
Total	**28.00**	**21.00**	**14.00**	**10.50**

It has been decided that clothing store be removed as it is excess to requirement.

PLINTH AREA:

Facilities	Floor Area in SqMtr			
	Type A	Type B	Type C	Type D
Administrative				
(a) O i/c Polyclinic	14.00	14.00	14.00	14.00
(b) Office	14.00	14.00	14.00	14.00
~~(c) Stationary & Forms~~	~~14.00~~	~~10.50~~	~~7.00~~	~~7.00~~
(d) Pantry	07.00	07.00	07.00	07.00
(e) Information & Tech	10.50	10.50	07.00	07.00
~~(f) Garages~~	~~21.00 X 2 = 42.00~~	~~21.00 X 2 = 42.00~~	~~21.00 X 1 = 21.00~~	~~21.00 X 1 = 21.00~~
Total	**45.50**	**45.50**	**42.00**	**42.00**

It has been decided that stationery and Forms room be removed and Medical Store room be used in lieu. Open Garages to be used as for replacement for covered Garages.

MINISTRY OF DEFENCE
(DEPARTMENT OFEX-SERVICEMENWELFARE)

Subject :Revision of Land and Built-up (Plinth) area for ECHS Polyclinic.

1. CO, ECHS may please refer to their proposal on above subject sent vide Note Sheet No.PC 2 to B/49705- Constr/AG/ECHS dated 4- 12-2017

2. The matter has been examined. The following MoD(Fin/Fen) are conveyed for information and necessary action

(a) While there may be requirement of additional space in the bigger and busy polyclinics, it is also a fact that there are many Polyclinics where ESM dependency and foot falls are quite low leading to under utilization of resources. The issue of re- categorisation of Polyclinics based on actual dependency is yet to be settled. Therefore, authorizing higher scales without linking actual load may not be advisable.

(b) A quantum jump in the built up as well as land area has been proposed for all types of Polyclinics. The proposal is estimated to cost about Rs.200 crore in respect to land only. In addition, construction cost will also be substantial, in fact more than the cost of land.

(c) ECHS is facing significant financial constraints on medical expenses due to hospitalization / medicine bills of ESMs and their dependents. T expenditure is increasing every year in a substantial manner and budgetary allocation for the increased liabilities is hard to come by.

(d) In view of the foregoing reasons, it may not be feasible to recommend/concur the proposal in the present form i.e. authorizing new scale for land and built up area for all types of Polyclinics through a Govt. sanction letter. Instead, it is suggested that the revised scales, as recommended by D/O ESW, could be used as benchmark or planning · norms for future expansion and requirement of existing Polyclinics could be. examined on case to case basis after applying these norms and based on actual dependents/footfall in the concerned Polyclinics.

(A.K.Karn)
Under Secretary(WE)

MD, ECHS

MoD ID No.22C(18)/2012/WE/D(Res-1) Dated 28-5-2018

Tele : 20892530

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army), Thimayya Marg
Near Gopinath Circle Delhi Cantt-10

B/49705/Policy/AG/ECHS/2021

05 Aug 2021

IHQ of MoD (Navy)/PD ECHS
Air HQ (VB)/ DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

INSTALLATIONOF CCTV CAMERA IN ECHS POLYCLINIC

1. ECHS Polyclinic is the show window of the Scheme which is the first place where a beneficiary seeks medical attention. ECHS beneficiaries are the sole reason for the existence of this Scheme and it is incumbent on the staff of Polyclinics to be polite and patient with them and do their utmost to alleviate their grievances.

2. There has been an exponential increase in the number of beneficiaries and few instances of disharmonious conduct between them and Polyclinic staff has been brought to notice. Such instances result in unwarranted acrimonious situation at the Polyclinics and more often than not lead to complaints by the beneficiaries and also vice versa. It is essential that all acts of unsoldierly and unprofessional conduct are thoroughly investigated for logical resolution. Availability of CCTV footage at hand to establish facts, therefore, is of immense importance. Installation of CCTV cameras also assumes significance due to security reasons.

3. Installation of CCTV cameras in Polyclinics will contribute towards bringing transparency and desired deterrence in the ECHS eco system. However, since all Polyclinics are not housed in standardised buildings, it may not be feasible to lay down the number of CCTV cameras to be installed in each Polyclinic.

4. In the succeeding Paras, general guidelines have been laid down for installation of CCTV cameras in a Polyclinic. However, installation process will follow a Station BOO ordered by Station Commander which will fix the exact number and configuration of CCTV camera system to be installed in a particular Polyclinic. Recommended locations of CCTV cameras in a Polyclinic are given as under, the list not being exhaustive:

(a) OIC Office.
(b) Reception and Patient Waiting Area.
(c) Dispensary.
(d) Medical Store.
(e) Entrances and exits to/from Polyclinic and main building.
(f) Laboratory.
(g) Billing Section.

5. The under mentioned points will be kept in mind while planning installation of CCTV cameras in the Polyclinic:

(a) The CCTV camera system will be procured out of fund allocated under MH 2076, Minor Head 107 and Code Head 366/00 (Miscellaneous).

(b) Procurement procedure as laid down in DPM 2009 will be strictly adhered to.

(c) An exhaustive SOP will be laid down for usage of CCTV camera system.

(d) Cameras will not be placed in location/ rooms where privacy of patient gets compromised. No CCTV cameras will be installed inside the chambers/ cabins of the Medical Officers.

(e) It will be ensured by the OIC Polyclinic that data is not misused and no unauthorised person is given access to the master controls of station.

(f) Prominent notices/ posters stating **'You are under CCTV surveillance'** be displayed in areas covered by CCTV cameras.

6. This letter supersedes all previous letters issued by this office on the subject.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

(All Regional Centres)

Tele : 20892530

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-10

B/49705-Constr-Policy/AG/ECHS/2021
IHQ of MoD (Navy)/PD ECHS

29 Oct 2021

Air HQ (VB)/DAV, SMC Building Subroto Park, New Delhi - 10
HQ Southern Command (A/ECHS) (Q'Wks) PIN- 908541, c/o 56 APO
HQ Eastern Command (A/ECHS) ('Q'Wks) PIN- 908542, c/o 99 APO
HQ Western Command (A/ECHS) ('Q' Wks) PIN- 908543, c/o 56 APO
HQ Central Command (A/ECHS) (Q' Wks) PIN- 908544, c/o 56 APO
HQ Northern Command (A/ECHS) ('Q' Wks) PIN- 908545, c/o 56 APO
HQ South Western Command (A/ECHS) ('Q' Wks) PIN- 908546, c/o 56 APO

POLICY ON CONSTR AND MAINTENANCE OF ECHS POLYCLINIC BUILDINGS

1. Refer to DG LWE, QMG Br, IHQ of MoD letter No. 35328/ECHS/Plg(Wks&Bud) dated 26 Jun 2015 (copy enclosed).

2. Consequent upon promulgation of DG LWE/QMG Branch letter as mentioned at Para 1 above, it is clarified that enhancement of ECHS Polyclinic buildings will be under Major Head 4076, Minor Head 107 and Code Head 907/39 (Construction of Building) and maintenance of ECHS Polyclinic buildings of revenue in nature can be incurred under Major Head 2076, Minor Head 107 and Code Head 367/00 (Revenue Works). The funds for these works will be provided by Central Organisation ECHS. However, there is no change in channel of demand for the above funds as the arrangements in vogue laid down at Para 22 to 24 of Part-1 (General Financial Procedure for ECHS) of Appx to GoI, MoD letter No. (24(3)/03/US/(WE)/D(Res) (ii) dated 09 Sep 2003 (Page 183 of ECHS Compendium of Govt letters) continue to be effective (copy attached for ready reference please).

3. In view of the aforesaid, it is requested that Approval in Principle for requirement of funds for enhancement and maintenance of ECHS buildings under respective Code Heads for ensuing Financial Year be projected to this office by 30th Sep of the current Financial Year through Col Q Works/ equivalent in their respective Comds after technical vetting,

(Santosh Kumar)
Captain (IN)
Jt Dir (Ops)
for MD ECHS

Encl:- As above

Tele: 23335241

Directorate General of LWE
Quartermaster General's Branch
Integrated Headquarter of MoD (Army)
DHQ PO New Delhi - 110 011

35328/ECHS/Plg (Wks & Bud)

26 Jun 2015

Headquarters
Southern Command
Eastern Command
Western Command
Central Command
Northern Command
South Western Command

POLICY ON CONSTRUCTION AND MAINTENANCE OF ECHS POLYCLINIC BUILDINGS

1. **Reference:**

(a) MoD letter No 24 (3)/03/US(WE)/D(Res) (ii) dt 09 Sep 2003.

(b) MoD letter No 24(7)/03/US(WE)/D(Res) dt 17 Sep 2003

2. To streamline the construction and maintenance of ECHS polyclinic buildings in Military and Non-Military Stations, the following guidelines are to be implemented with immediate effect :

(a) Construction of Polyclinics. The construction of ECHS Polyclinics in Military Stations / Cantonments is to be done by MES as per Defence Works Procedure 2007, as amended from time to time. In non-Military Stations, where MES cover is not available, the construction may be outsourced to CPWD / State PWD or any other Govt Agency. The budgetary support shall be provided by Central Organisation ECHS / AG's Branch under Major Head 4076/01, Minor Head 107,ECHS, Code Head 907/39, Construction of Buildings.

(b) **Enhancements and Maintenance of ECHS Polyclinic Buildings.** The additions, alterations and maintenance of ECHS Polyclinics including essential services is to be carried out by MES in Military Stations / Cantonments and CPWD / State PWD / any other Govt Agency in non-Military Stations. The funds for the same shall be demanded by the respective Station Headquarters and provided by Central Organisation ECHS / AG's Branch under Major Head 2076, Minor Head 107, ECHS, Sub Head G, Code Head 367/00.

(c) **Payments of Water & Electricity Charges.** In both Military and non-Military Stations, the expenditure on account of water & electricity charges in respect of Polyclinics will be met out of the ECHS Revenue Budget (Major Head 2076, Minor Head 107, ECHS Sub Head G, Code Head 367/00 (Revenue Works) for which ECHS funds will be provided to the Station Commander by Central Organisation ECHS / AG's Branch. AG's Branch is requested to ensure timely release of funds to maintain uninterrupted supply of elect and water to Polyclinics.

3. All ECHS buildings in Military Stations / Cantonments / Non Military Stations are to be Takes on charge of Station Headquarters and funds for construction / maintenance of ECHS Polyclinics shall be demanded by Station Headquarters and provided centrally through Central Organisation ECHS / AG's Branch for better control and fiscal discipline. The maintenance scales approved by the MoD for MI Room shall be followed for demanding funds for maintenance of ECHS Polyclinics by Station / Formation Headquarters. The demand / release of funds and financial contro, shall be as stipulated in MoD policy letter mentioned at Para 1(a) above.

(Michael Mathews)
Maj Gen
ADG LWE
For DGLWE

Copy to: -

AG's Branch/Coord
Central Organisation ECHS
E-in-C's Branch/DGW
All Commands Chief Engineer
Air HQ (VB) (ACAS (Wks)) IHQ of MoD (Navy) (ACNS (P&P)/DW/PD ECHS(Navy)

20. The ÉCHS unit /Formations will maintain their auditable documents for the post audit by the concerned LAOS/RAOS of Regional/Navy/Air. Force PCsDNCSDA under whose geographical jurisdiction the Armed Forces Clinics and Polyclinics falls. The irregularities/objections, if any, noticed during the local audit will be reported to the respective Station Commanders/ Polyclinics. The objections, serious irregularities etc will be included in the MPR, MFAI, AAC,IAR etc.

21. If objection is taken audit by the LAOS/RAOs to any item of expenditure incurred and the objection is not withdrawn as a result of a representation or explanation made, regularization action under the orders of appropriate CFA may have to be taken for its settlement.

BUDGET.

22. Budget Estimates. Budgetary estimates will be prepared by the Station Headquarters and compiled at Headquarters Sub Area | Area /Command. The same will be forwarded to. Central Organisation and ECHS by 30 Sep each year. Station Headquarters in respect of Polyclinics controlled by Navy and the Air Force, after obtaining approval of the concerned FOC-in- CIAOC – in C, will forward consolidated estimates to Central Organisation BCHS by 30 Sep each year, In addition a copy of the same will be submitted to the respective Regional Centres who will forward a consolidated report to the Central Organisation, ECHS, AGs Branch Army Headquarters . This report will also be submitted by 30 Sep each year.

23. The general rules for preparation and check of budget estimates as laid down in Financial Regulations will be followed. (FR I PLI Vol-1, Rule-89-92).

24. Budgetary control will be exercised by the Station Headquarters, Sub Area /Area/Coming Headquarters in their areas of jurisdiction. Re-appropriation of funds may be made by the Suo Area/Area /Army Commander within their area of influence. Inter Command re-appropriations of funds will be done by Central organisation, ECHS, based on the estimates of expenditure in each Command.

IMPORTANT CIRCULAR

AMENDMENT TOCLASSIFICATION /HAND BOOK'DEFENCE SERVICES RECEIPT ANDCHARGES 1992 (EDITION)

C.S. No. 88/04

Delete the detailed heads "Ex-Servicemen Contributory Health Scheme" OPENED vide CS No. 76/2003 at page-14 below Major Head 0076, Minor Head-110D; page-92 below Major Head 2076, Minor Head-110D, page-249 below Major Head 4076, Sub- Major Head-01, Minor Head-103 and page-254 below Major Head 4076 Sub-Major Head-01 Army Minor Head-202 along with code heads and particulars of charge. shown against each.

Insert the follow new Minor Heads

Page 8

For Major Head: 0076 - DEFENCE SERVICES- ARMY

Insert the following new Minor head with Sub head/Detailed heads, below Minor Head-105 "Military Farms":

107 - Contribution for Ex-Servicemen Contributory Health Scheme

(a) ECHS Contributions	405/01	Contribution made by Ex-Servicemen for becoming members of ECHS
(b) Receipt from auction of ECHS Store! Equipment	405/02	
(c) Miscellaneous receipts	405/03	

.

Central Organisation
Ex-Servicemen Contributor Health Scheme
Room No 278A. South Block
Adjutant General's Branch
Army Headquarters
New Delhi - 110011

B/4764/AG/ECHS

10 Oct 2003

Southern Command
Eastern Command
Western Command
Central Command
Northern Command
HQ ARTRAC
HQ Southern Naval Command
HQs Training Command AF, Bangalore

ELIGIBILITY

1. **Entitlement for ECHS**. The Scheme would cater for medicare to all Ex Servicemen in receipt of pension, including disability pension; as also his/her dependants which include wife/husband, legitimate children and wholly dependent parents. The scheme is also applicable to NOKs drawing family/special family pension.

2. **Terminology**. Various terminologies being used are explained in following sub paragraphs:

(a) **Ex-Servicemen Pensioner.** Any person who has served in any rank (whether as a combatant or as a non- combatant) in the regular Army, Navy and Air Force of the Indian Union and fulfills the following conditions:-

(i) Who has retired from such Service after earning his/her pension.

(ii) Who has been released from such service on medical grounds attributable to military service, or in circumstances beyond his control, and is in receipt of medical/disability pension,

(iii) This includes personnel of the Territorial Army of the following Categories:-

(aa) Pension holders for continuous embodied Service.

(ab) Persons with disability attributable to military service. (ac) Gallantry award winners;

(iv) The following are also included:

(aa) Personnel of Military Nursing Service.

(ab) Whole time officers of National Cadet Corps (NCC) who are Ex-servicemen and in receipt of pension/ disability/ family pension.

(b) **Family Pensioner**. Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in the Service Records of the personnel and whose husband/wife (as the case may be) has died either while in service or after retirement, and is granted family pension under the pension rules in vogue. This term also includes a child drawing family pension on the death of his pensioner father/mother, as also NOKs of a deceased bachelor soldier who are in receipt of family pension.

Eligibility Status for dependents. The following categories qualify to be called Dependants:-

(c) **Parents** Father and Mother of the pensioner shall be deemed to be dependent if they are normally residing with the ESM pensioner and their Combined income from all sources is less than Rs 1500 per month.

(d) **Spouse**

(i) Legally wedded spouse.

(ii) Name should be included in the Records of the Serving deceased Personnel

(iii) Legally separated spouse is included so long as the ESM is. responsible for her maintenance.

(iv) Legally divorced spouse will not be eligible as a dependant.

(v) If the spouse is employed in Govt Service then. he/she can be member of only one Govt/ Public sector medical benefit scheme.

(vi) In case the ESM pensioner marries after retirement, then the following documents will be required for registration with ECHS:

(aa) Marriage Certificate from authorized municipality/Registrar of Marriages.

(ab) Application Form (in case of new retirees).

(e) **Daughter(s)**

(i) Her/their details included in there cords of pensioner

(ii) Unmarried and unemployed daughter's dependent on the pensioner.

(iii) Married daughters are NOT entitled.

(iv) Employed daughters are NOT entitled.

(v) Widowed daughters who are dependent on the pensioner and whose income from all sources is less than Rs 1500/- per month are entitled.

(vi) Daughters with permanent mental or physical disability irrespective of age medical condition

(vii) Divorced daughters when solely dependent on the pensioner, and whose income from all sources is less than Rs 1500/- per month are entitled.

(viii) In cases where the daughter is born after the ESM pensioner has retired, the following documents will be required to enable the child to be declared as a dependant and become a member of ECHS :

(aa) Submission of application form (incase of new retirees).

(ab) Birth Certificate from Municipality/Registrar of Birth and Death.

(ac) Name as per registration certificate.

(f) **Son(s)**

(i) His/their details included in the records of pensioner.

(ii) Unemployed sons up to 25 years .

(iii) Sons suffering from permanent physical or mental disability irrespective of age limit or medical conditions Valid certificate of'' Physical Mentally" Challenge status from a Service Hospital daily certificated by concerned specialist.

(iv) In cases where the son is born after the ESM has retired, the following documents are required to enable the child to become a member of ECHS :

(aa) Submission of application form retirees (incase of new retirees)

(ab) Birth Certificate from municipality.

(ac) Name as per registration certificate.

Specific Condition of Eligibility: - In case a pensioner (male/female) has declared to her parents as dependents and it is accepted by the ECHS, then their dependency shall continue for their lifetime. In the event of the pensioners death, the widow will commence family pension, however her, parents are NOT eligible to be declared as dependents.

(Punit Yadav)
Lt Col
Jt Dir (Med)
For Managing Director

Copy to:-

1. DG NCC
2. COP, Naval HQS
3. AOA, Air HQS (VB)
4. SO to AOA
5. SO to AOA
6. DGAFMS/DG 3A
7. DGMS (Army)/DG 5B
8. SO to DGMS (Navy)
9. SO to DGMS (Air)
10. All Regional Centers ECHS

Tele : 25684847
ASCON : 36831

Central Organisation
Ex-Servicemen Contributory Health Scheme (ECHS)
Adjutant General's Branch, IHQ of MoD (Army)
Maude Line, Delhi Cantt-110010

B/49701-DSC/AG/ECHS/IHQ of MoD

17 Apr 2008

EXTENSION OF EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME TO THE RETIRED PERSONNEL OF DEFENCE SECURITY CORPS

1. **Introduction**. Ex-Servicemen Contributory Health Scheme introduced vide Govt of India, Ministry of Defence letter No 22(1)01/US (WE)/D (Res) dated 30 Dec 2002 has further been extended to the retired personnel Defence Security Corps, through a Corrigendum issued vide Govt of India, Ministry of Defence, Department of Ex-servicemen Welfare letter No 22(68)/2006/ US(WE)/D (Res) dt 22 Jan 08. With the issue of ibid corrigendum, all the facilities of ECHS as applicable to the ex- servicemen will be applicable mutatis mutandis to the retired personnel of Defence Security Corps.

2. **Applicability**. The scheme will be compulsory for all retired personnel of Defence Security Corps (including TA retirees who were not eligible earlier) who have been transferred to pension establishment on or after 22 Jan 2008. Those persons who retired earlier than 22 Jan 2008 may join ECHS as per their discretion.

3. **Contribution**. The ECHS subscription will be charged from the pensioners/dependents on the basis of their Un-commuted Basic Pension plus Dearness Pension as per existing rates. The following categories of personnel are exempted from one time ECHS contribution :

(a) War widows.

(b) Battle casualties.

(c) Pre 01 Jan 1996 retirees.

4. **Processing of ECHS Applications**. On receipt of disch order, ECHS application should be submitted in duplicate duly completed in all respect along with the following docu clear 08 months in adv in a separate file cover:

(a) Affidavit duly completed in all respect as per format attached at page No 10 of the application form.

(b) Demand draft for Rs. 90/- or Rs/- 180/- or Rs. 270/- as applicable.

(c) Blood group test reports of all eligible individuals if the pensioner willing to add the same in the smart card. Though it is not mandatory.

(d) Additional passport size single colour photos of each individual.

(e) Former service PPO duly attested.

5. DSC personnel who have already retired from DSC service prior to the issue of corrigendum under GOI, Min of Def, department of Ex-Servicemen Welfare letter No 22(68)/2006/4S(WE) D (Res) dt 22 Jan 2008, will approach their nearest Polyclinic /Stn HQ for obtaining ECHS applications and further processing of the same.

6. All other procedures and policies of ECHS will also apply to DSC personnel in letter and spirit.

7. This may be given wide publicity.

(Satish Malik)
Brig
Dy MD
For MD ECHS

Encls: As above

Copyto :

JS(ESW),MoD DG AFMS
DGMS (Army)/DGMS (Navy)/DGMS (AF)
All ECHS Regional Centers. CGDA New
Delhi All CDAs KSB,
Secretary
Defence Security Corps Records DDG DSC DGR

Internal

AG Coord Dir (P&FC) Dir(Med)

Tele: 011-25604946
ASCON: 36832

Central Origination ECHS
Adjutants General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110010

B/49701-PR-Gen/AG/ECHS/2020

06 Jul 2020

IHQ of MoD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs (A/ECHS)
All Regional Centres ECHS

GRANT OF ECHS MEMBERSHIP TO THE EX-SAILORS APPOINTMENT PRIOR TO 03 JUL 1976 AND DISCHARGED ON OR AFTER 03 JUL 1076 ON EXPIRY OF 10 YEARS OF SERVICES, IN THE CONTEXT OF HON'BLE SUPREME COURT OF INDIA ORDER DATED 27 SEP 2018 IN CONTEMPT PETITION(C) NO. 1860/2017 AND $24/2018 AND MA NO 1067/2013 IN CIVIL APPEAL NO 21:47:2041 WITH CONTEMPT PENTIONIO) NO.04/2018 IN SLP(c) NO.19790/2010-REG

1. Please ref :-

   (a) Govt of India, MoD, DOESW(WE) letter No 22D(01)/2020-D(WE)/Res-D at 21 Jan 2020.

   (b) COECHS letter No B/49701-PR/AG/ECHS/2020 dt 28 Jan 2020.

   (c) HQ of MoD(Navy) letter No ECHS/002A/Ctl Org dt 16 May 2020.

   (d) COECHS letter No B/49701-PR-Gen/AG/ECHS/2020 dt 30 Jun 2020.

2. It is further clarified that, the proposal to treat the subject veterans as pre-1996 retirees was analysed with due deliberation at the time of consideration of grant of ECHS membership to the subject ex-sailors. The eligibility for a pre 1996 retiree status for exemption of membership fee is only for veterans who are ESM and pensioners prior to 01 Jan 1996.

3. Competent Authority ruled that they be categorised as Post 2003 Retiree Not a Member Yet (First Time Applicant) as they attained the twin criteria of eligibility of being ESM and pensioners only after the Hon'ble Supreme Court Judgment on 27 Sep 2018.

4. In view of the above, grant of ECHS membership to above category of Veterans will be guided by following rules as on date:

   (a) They may apply under the category of (Ex-Serviceman Pensioner Post 2003 Retiree Not a Member yet (First ime Applicant) (No separate status/category of "Reservist" or "Special Pensioners" is under consideration).

   (b) One time contribution as applicable on the day of application will be paid by the above category of veterans.

5. This has the approval of MD ECHS.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Internal:

All Sec (Less S&A) - for info pl.

S&A Sec - for info and uploading on our website.

Tele: 25684946
ASCON: 36832
Fax: 011-28684847
Email: diropsechs-mod@nic.in

Central Organisation
Ex-Servicemen Contributory Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Line, Delhi Cantt -10

22 Feb 2012

B/49701-PR/NDG/AG/ECHS

IHQ of MoD(Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
ICG HQ, New Delhi
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQ Strategic Forces Command (A/ECHS)
All Regional Centres

EXTENSIONOFECHS FACILITIESTO NEPAL DOMICILEDGORKHAS (NDG) ESM PENSIONERS IN NEPAL

1. Furthertoref Central Org ECHS letter No B/49701-PR/NDG/AG/ECHS dt 13 Oct 2010.

2. ECHS facilities to Nepal Domicile Gorkhas (NDG) ex-servicernen pensioners in Nepal has been extended by the Govt vide their letter No 22D(48)/ 2006/US(WE) /D(Res) dt 07 Feb 2012 (copy att), earlier it was restricted to India only.

(Vivek Bhatt)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

US (WE), DoESW/MoD

All Record Offices KSB

Internal
All Sections

No.22D (48)/2006/US(WE)/D(Res)
Govt of India Ministry of Defence
Department of Ex-Servicemen Welfare
New Delhi, 07th February, 2012

To
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

CORRIGENDUM

Subject: - Extension of ECHS facilities to Nepal Domiciled Gorkhas (NDG) ESM Pensioners in Nepal. Sir,

1. With reference to Govt of India, Ministry of Defence letter No. 2D(48)/2006/US(WE)/D(Res) dated 14 Sept, 2010, I am directed to convey the Sanction of the Competent Authority to the following amendments:-

Para 4

For

Medical Treatment Medical treatment will be available in ECHS Polyclinics/Service Hospitals/Civil Empanelled facilities in India only. Emergency treatment in Nepal would not be reimbursable. However emergency treatment in India under existing provisions would be available. All other procedures and policies of ECHS will also apply to NDGs.

Read

Medical Treatment

(a) Medical treatment will be available at Polyclinics in Nepal at upgraded existing MI rooms located at following places:-

(i)	Kathmandu -	Type A to Non Mil
(ii)	Pokhra -	Type A to Non Mil
(iii)	Dharan -	Type B Non Mil

(b) In addition, one Type E Mobile Clinic will be attached to each of the above polyclinics to provide medical facilities during seasonal Pension Paying Camps.

(c) The hospitals empanelled by the Embassy of India would be deemed empanelled i.e. their application for empanelment will be processed directly without any assessment by NABH. For future empanelment of hospitals, the existing procedure as followed in India will be followed.

(d) The existing medical infrastructure including manpower at MI Rooms will continue to work in ECHS Polyclinics and will be augmented to the existing scales. However periodic visits by Medical team of Directorate General, Armed Forces Medical Servic e (DGAFMS) from Indian will be discontinued when ECHS become fully operational in Nepal.

Para 6

Existing

Contribution. War Widows, battle casualties and pre-1996 retirees are exempted from one time ECHS contribution, for others, the contribution will be as applicable in India in Indian Rupees.

Add

Contribution. All NDG ESM retired prior to 01 June, 2009 will pay the pre revised rates of contribution as was applicable for the Indian ESM. However, post 01 Jun, 2009 retirees will pay the contribution at the revised rates.

For

Military Attache Kathmandu - Military Attaché Kathmandu will act as Station Commander and deal with all matters related ECHS except policy issues.

Read

Command and Control of ECHS Polyclinics

(a) Manpower at Embassy of India

(i) **Serving** - The following categories of Service personnel will be posted to Embassy of India at Nepal.

(aa) **AMA (ECHS)** - One officer with at least two years experience at Central Org, ECHS dealing with financial matters and of the rank of Wing Commander (or equivalent) for one tenure to ensure smooth initiation and implementation of the scheme in Nepal. The subsequent manpower will be posted as per the routine procedure of Defence personnel to Nepal.

(ab) 02 clerks

(ii) **Outsourced**

(aa) 02 Clerks

(ab) 02 Multi Tasking Staff

(ac) 02 Drivers

(b) **Vehicles** For ECHS Cell, Military Wing, Embassy of India

(i) One Light Vehicle

(ii) One Motor Cycle

(c) **Fund Management** - Separate orders will be issued in due course.

2. This letter issues with the concurrence of Ministry of Defence (Fin) vide their UO No. 375/F/Pen dated 27 Jan, 2012.

Yours faithfully

(H.K.Mallick)
Under Secretary to the Govt of India

Copy to:

1. PS to RM
2. PS to RRM
3. PPS to Def Secy
4. PPS to Secy ESW
5. PPS to Secy Defence (Fin)
6. PS to JS(ESW)
7. PS to Addl. FA(R)
8. CGDA
9. Defence Attache Kathmandu (Nepal)
10. DGAFMS
11. MD ECHS
12. PCDA (CC) Lucknow

Tele: -: 25684946 ASCON: - 36832

Central Organisation
Ex-Servicemen Contributory Health Scheme (ECHS) Adjutant General's Branch
Integrated HQ of MoD (Army) Maude Line,
Delhi Cantt -10

B/49701-PR/AG/ECHS

18 Sep 2012

IHQ of MoD (Navy) / Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQ Special Frontier Force
HQ Indian Coast Guard
All Regional Centres

ACCEPTANCEOFECHS APPLICATIONS WITHOUT PPO

1. Further to Central Org ECHS letter No B/49701-PR/AG/ECHS dated 15 Jun 2011.

2. Applications for ECHS membership in respect of pers of Special Frontier Force (SFF) will be accepted without PPO subject to the processing auth rendering a certificate that the indl has served with SFF 15 years or more.

3. **Regional Centre Delhi Only**. This disposes off your letter no 501/15/ECHS/CO dt 03 Aug 2012.

(BS Gangwar)
Col
Dir (Ops)
for MD ECHS

Encls: As above.

Internal Med
Sec P&FC
Sec Web JCO

Tele : 25684946
ASCON: 36832

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Line,
Delhi Cantt -10

B/49701-PR/AG/ECHS

07 Dec 2012

IHQ of MoD(Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQ Special Frontier Force
HQ Indian Coast Guard
All Regional Centres

ENTITLEMENT FOR ECHS MEMBERSHIP

1. Further to Central Org ECHS letter No B/49764/AG/ECHS dated 10 Oct 2003.

2. With imdt effect, ECHS facilities have been extended to **dependents as** applicable in **CGHS vide MH&FW** letter No/24/96 C&P/CGHS(P) dt 31 May 2007 (copy all).

(Vivek Bhatt)
Col
Dir (Coord)
for MD ECHS

Internal

Med Sec
P&FC Sec
Web JCO

NOO

Pers,C&L,Polyclinic Coord
Sec

Tele: 25684946
ASCON: 36832

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Line, Delhi Cantt -10

B/49701-PR/NDG/AG/ECHS

18 Dec 2012

IHQ of MoD(Navy) /Dir ECHS (N)
Air HQ (VB)/DPS ICG
HQ, New Delhi
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQ Strategic Forces Command (A/ECHS)
All Regional Centres

EXTENSION OF ECHS FACILITIES TO NEPAL DOMICILED GORKHAS (NDG) ESM PENSIONERS IN NEPAL

1. Further to ref Central Org ECHS letters:

   (a) B/49701-PR/NDG/AG/ECHS dt 13 Oct 2010.
   (b) B/49701-PR/NDG/AG/ECHS dt 22 Feb 2012.
   (c) B/49701-PR/NDG/AG/ECHS dt 28 Mar 2012.

2. A copy of Govt of India letter No 22D(48)/2006/US(WE)/D(Res) dated 07 Nov 2012 is fwd herewith for your necessary action please.

(RK Shukla)
Lt Col
Jt Dir (Ops)
for MD ECHS

Copy to :

All Record Offices KSB

No.22(D)(48)/2006/US(WE)/D(Res)

Government of India Ministry of Defence
Department of Ex-Servicemen Welfare
New Delhi, the 7th November, 2012

To

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

CORRIGENDUM

Subject : **Extension of ECHS facilities to Nepal Domiciled Gorkhas (NDG) ESM Pensioner in Nepal.**

Sir,

With reference to GoI. MoD letter no.22D (48)/2006/US(WE)D(Res) dated 14" September, 2010, I am directed to convey the sanction of competent authority to the following amendments.

(a) **Para7(a): Persons already retired or retiring before the date of issue of these order.**

For

Personnel already retired or retiring before issue of these orders, contribution can be deposited in India through the MRO under the existing procedure in India. The NDGS desirous to deposit the contribution in Nepal can deposit in the Govt. Treasury located in Embassy of India, Kathmandu, Nepal from where the treasury challan will be issued to the individual and will be attached with the application.

Read

Personnel already retired or retiring before issue of these orders, contribution can be deposited in India through the MRO under the existing procedure in India. The NDGS desirous to deposit the contribution in Nepal can deposit the contribution by means of Bank Draft drawn in favour of ECHS Branch, Kathmandu, Nepal. Once the applications are processed, the consolidated amount towards ECHS contribution will be remitted to Regional Centre, Lucknow by means of Bank Draft, along with the list of ESM. The Regional Centre will make an MRO of the amount and forward it to PCDA (CC), Lucknow along with the list of ESM.

(b) **Para8(a)(iii)**

For

Two copies (in original) of the MRO as proof of deposit of contribution.

Read

Bank Draft for the amount of contribution in favors of ECHS Branch, Embassy of India, Kathmandu, Nepal.

(c) **Para 8 (a) (v)**

For

Bank Draft for smart card in favors of Director, Regional Centre, Lucknow.

Read

Bank Draft for smart card in favors of ECHS Branch, Embassy of India, Kathmandu, Nepal.

Yours faithfully,

(H.K. Mallick)
Under Secretary to the Govt. of India

Copy to :

1. PPS to Secretary, ESW
2. PS to JS(ESW)
3. CGDA
4. Defence Attache Kathmandu (Nepal)
5. MD(ECHS)
6. PCDA (CC) Lucknow
7. Regional Centre ECHS, Lucknow.

Tele: 25684946
ASCON: 36832

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Line, Delhi Cantt -10

B/49701-PR/AG/ECHS

20 Jun 2013

IHQ of MoD(Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South Western Comd (A/ ECHS)
HQ Andaman & Nicobar Comd (A/ECHS)
HQ Special Frontier Force
HQ Indian Coast Guard
All Regional Centres

CLARIFICATION ON MONETARY ALLOWANCE PAID TO GALLANTRY AWARD WINNER

1. PCDA, Allahabad has clarified that the monetary allce paid to Gallantry Award Winners can not be treated as pension. Pension is gtd for subsistence of the family whereas a Gallantry Award is not in the nature of subsistence. Further pension is a condition of service applicable to all service pers across the bd; a Gallantry Award is a matter of act of discretion of the Govt and is given in recognition of acts of exception bravery in deserving cases.

2. Addresses are requested to give wide publicity of the same under their AORs.

(Parkash Yadav)
Capt (IN)
Jt Dir (Ops)
For MD ECHS

Internal

Med Sec
P&FC Sec
Stats & Automation Sec

Tele: 25684847
ASCON: 36832

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt -110010

B/49743/AG/ECHS (R)

18 Nov 2013

IHQ MoD (Navy) / Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South Western Comd (A/ECHS)
HQ Andaman & Nicobar Comd (A/ECHS)

ROLE OF REGIONAL CENTRES

1. Ref this Office letter No B/49712-C & C/AG/ECHS/R dt 29 Jan 09 (copy encl).

2. Regional Centres ECHS have been est to oversee the functioning of ECHS Polyclinics operating within their areas of jurisdiction. Each Regional Centre is auth 04 Offrs which incl the Dir Regional Centre, one Jt Dir (Accts & Asset Mgt), one Jt Med) and one Jt Dir (Est). Regional Centres are also resp for sanctioning on-line bills and processing applications for empanelment of med facilities. The Staff mentioned above have no backups or redundancy. Moreover, the tasks that they are to perform have to be completed on a day-to-day basis.

3. In view of the above, it is requested that necessary instrs be issued to Fmn HQs under Comd not to details offrs of Regional Centres ECHS on 'Bds of Offrs' and other Str Bds/tasks.

(RK Pandey)
Col
Dir(Ops&Coord)
For MD ECHS

Copy to:

(.....)
All Regional Centres

Tele: 25684946
Ascon: 36832

Central Organisation ECHS
Adjutant General BranchArmy Headquarters
Maude Lines
Delhi Cantt-110010

B/49712-C&C/AG/ECHS/R

29 Jan 2009

IHQ of MoD(Navy)/ECHS(Navy)
IHQ of MoD (Air)/DPS
All Command HQs.

ROLEOF REGIONAL CENTRES

1. Refer Army HQ letter No B/497127AG/ECHS dated 08 May 03.

2. The primary role of Regional Centres ECHS is to exercise "technical control over ECHS Polyclinics which implies the following:

   (a) Assist Area/SubArea Cdrs infunctioning and monitoring of scheme.

   (b) Issue of ECHS membership cards.

   (c) Regularly monitor performance of ECHS polyclinics in the region. Facilitate optimal efficiency,

   (d) Monitor utilization of allocated funds.

   (e) Facilitate timely settlement of hospital expdrby concerned St the region.

   (f) Ensure flowof medicines and eqpt.

   (g) Ensure re \pair/ maintenance of equipment,

   (h) Ensure timely renewal of contracts of empanelment and employment.

   (j) Compile reports and returns for Central Org ECHS.

   (k) Process complaints/Disputes.

2. It is clarified that Offrs/JCOS/OR of the Regional Centres ECHS must not diverted to/utilised for other tasks within the HQs, such as Duty Offrs/GFOS DMOs for Station Boards. This will severely affect the work and capacity of the limited posted to Regional Centres ECHS.

3. HQs Commands are requested to instruct all fmns/Area/Sub Area under which Regional Centres ECHS are functioning to follow these instructions in letter and spirit.

(Narinder Pal Singh)
Col
Dir(Ops&-Coord)
for MD ECHS

Copy to:

All Regional Centres ECHS

Regional Centre ECHS - for info wrt your letter No 179033/57/Est at 20 Jan 09. Guwahati

Tele: 011-25684847
ASCON: 36832
Fax: 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS

12 Mar 2014

IHQ of MoD (Navy) / Dir ECHS (Navy)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

STOPPAGE OF FIXEDMEDICAL ALLOWANCE FOR BECOMING MEBERS OF EX- SERVICEMEN CONTRIBUTORY HEALTH SCHEME

1. Ref Govt of India, Ministry of Defence, New Delhi Letter No 22(1)/01/US(WE)/D (Res) dt 30 Dec 2002.

2. Para 2 (b) of a/m letter stipulates that "Retd pers joining the scheme will forfeit the medical allcc". However, in prac, ECHS is insisting that while applying for ECHS membership, such pers should either submit a cert from bankers/Defence Pension Disbursement Office that their FMA has been stopped or submit copy of their request letter to bankers/DPDO requesting them to stop FMA. This request letter has to be duly receipted and stamped by the bankers/DPDOs before it is submitted to ECHS along with the ECHS membership application.

3. A No of cases have come to light wherein veterans and their dependants have complained about delay/refusal by bankers to even give a receipted copy of their request. to stop FMA letter' duly stamped. This results in unnecessary delay in applying for ECHS membership and causes harassment to veterans.

4. Since the onus of stopping FMA rests with the Govt auth once an ESM becomes member of the Scheme and not vice-versa, it has been decided that a copy of the registered letter fwd to bankers/DPDO by the veteran requesting them to stop payment of FMA to him from the date he applies for ECHS membership will be accepted by Regional Centre. The Regional Centre will also send a letter for stoppage of FMA to the concerned Bank/DPDO.

(RK Pandey)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to :

All Regional Centre ECHS

Tele : 011-25684847
ASCON: 36832
Fax:011-25684946
Email :diropsechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS

20 Mar 2014

IHQ of MoD (Navy)/Dir ECHS (Navy)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

MONTHLY STOCKTAKING OF MEDICINE/MEDEQPT & STORES: POLYCLINICS

1. A number of complaints have been received from AFVs that they are not being treated/attended to on the day when the monthly stock taking takes place on last day of the month. Henceforth, all Polyclinics will carry out monthly stock taking board on last day of month generally and ensure the following:

(a) Stock taking and physical verification of medicines, medical eqpt and stores and expiry date of medicines and disposal.

(b) Repair and Maint of Medical Eqpt and Genrs.

(c) IT Networking serviceability and maint/repair.

(d) Area maint and interior economy.

(e) Uploading of Reimbursement claims.

(f) Processing of Manual Bills.

(g) Trg of Polyclinic Staff.

2. However, emergency cases will be attended to and provided all assistance.

3. Please ensure strict compliance.

(RK Pandey)
Col
Dir(Ops & Coord)
for MD ECHS

Copy to:

All Regional Centre ECHS

Internal:

All Sections

Tele: 011-25684847 :- ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS

10 Sep 2014

IHQ of MoD (Navy)/PD ECHS (N)
Air HQ (DAV), SMC Building, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centre ECHS

ADVISORY NO - 01/2014 REPRESENTATION OF DGDS IN ECHS MEETINGS

1. It is seen that on an average about 25% of the clientele visiting ECHS Polyclinics report for dental treatment. It has been noticed that more often than not the dental reps of local Armed Forces Dental Centres are not co-opted for important meetings/deliberations. Many a time, important decisions pertaining to Dental Services are taken without consultation of the available expertise.

2. All Fmns/ Stns are requested to consult/ take guidance from the respective Dental Advisors. This will facilitate better delivery of Dental Health care to our veterans.

(D Rajaram)
Lt Col
Offg Dir
(Ops&Coord)
for MD ECHS

Internal
All Secs.

Tele : 011-25684847
ASCON: 36832
Fax: 011-25684847
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude lines
DelhiCantt-110010

B/49701-PR/AG/ECHS

04 Dec 2014

All Regional Centres

UPLOADING OF ADVERTISEMENT OFPVT HOSPS ON ECHS SITEBY POLYCLINIC

1. ECHS mandate is to provide quality healthcare to the veterans. In our Endeavor to provision the facilities and create awareness amongst the veterans. It has been our endeavor to optimally Exploit all channels of communication incl cyberspace.

2. Instl on exploiting cyberspace have been promulgated to the envt through No of instrs on the subject. It has been clearly laid down in instrs that is exploitation of these medium due care should be exercised in ensuring that 1 daily ng any org activity is projected, that may be construed to be advantageous to the entities, in order to provide level playing to all and equal opportunity.

3. It has been noticed in No of mails and other web com being rcvd at Central Org than comd being shared are highlighting engagements or facilities being extending by our empanelled facilities, which is against instrs on the subject.

4. It is directed that al such rails photo promotion more should be reserved with immediate effect. This trend needs to curbed and has been viewed adversely by MD ECHS.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
For MD ECHS

Tele : 011-25684847
ASCON: 36832
Fax : 011-25684847
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2015

10 Aug 2015

IHQof MoD(Navy) ECHS Office
6th Floor, Chanakya Bhawan Chanakya puri
New Delhi – 110021

ECHS Polyclinic C/o INHSPatanjali Naval Base
Karwar – 581301

MK Singh. Ex LME. P No 178217-R
P08/04, NCH Colony Mudga,
Amdalli Karwar - 581324

VOLUNTARY SUSPENSION/ CANCELLATION OF ECHS MEMBERSHIP

1. Refers : -

(a) ECHS Polyclinic Karwar letter No 227/ECHS/Poly/kar/ 15 dated 13 Jul 2015.
(b) Application No MKSINGH/ESM/01 dated 17 Jul 2015 received from Ex LME MK Singh.
(c) IHQ of MoD (Navy) letter No ECHS/002A/ Central Org dated 24 Jul 15.

2. As per policy in vogue, an ECHS member is not authorised to get the facilities both from ECHS and Central Govt/ State Govt/ PSUS/PMF funded scheme simultaneously. Central Govt/State Govt/PSUS/PMF have their own medical schemes. The member is required to choose any one Govt funded scheme on re-employment. In this connection, refers to Central Org ECHS letter No B/49701-PR/AG/ECHS dated 05 Dec 2007. even No dated 27 Feb 2008 and 14 Jul 2008 (copy attached). The beneficiary and their dependents have to avail any one type of Scheme and not combination.

3. **ECHS Polyclinic, Karwar Only**. It is clarified that AFVs (Armed Forces Veterans), who have taken up employment in Central State Govt / PSUs / PMF funded Organisation have to choose one of the Schemes ECHS or CGHS. It is not compulsory to join CGHS on re-employment. They can continue to avail medical facilities from ECHS after exercising the option by submitting an undertaking as per letter dated 05 Dec 2007.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
for MD ECHS

Encls : As above.
Copy to :

All Regional Centres - For info-along with above encls. You are requested to disseminate the contents to Polyclinic level

Tele : 011-25684847
SCON: 36832

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD
Maude Line
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS

14 Jul 2018

IHQ MoD (N)DGMS (N) For ECHS
Air HQs (VB)/DPS
HQs SC. EC, WC, CC. NC. ARTRAC, SWC & A&NC
HQs WNC, ENC & SNC
HQSWAC. CAC. EAC, SAC, TC. SWAC & MC IAF

VOLUNTARY SUSPENSION/CANCELLATION OF ECHS MEMBERSHIP

1. Some cases have come to notice that AFVs after becoming members of ECHS have taken up emp in Central/State Govt which have their own med schemes. Hence they are requested to place their ECHS membership in suspension/cancellation in case they are drawing benefit of Central Govt/State Govt/PSUS/PMF funded scheme.

2. In such cases ESM must deposit their ECHS smart cards with Regional Centre ECHS alongwith all particulars of post retirement employment. The ECHS contribution is non-refundable.

3. The Regional Centres are to keep such ECHS smart cards in safe custody tiil such time ESM is employed with other Govt deptt. The same will be reactivated once the ESM chooses ECHS and does not take any benefit from any other Govt run medical scheme on final completion/retirement of his service with Central Govt/State Govt/PSUS/PMF.

4. The above may please be given wide publicity.

(Satish Malik)
Brig
Dy MD
For MD ECHS

Copy to : -

All Area/Sub Area/Stn HQs/Arny Record Offices
All ECHS Regional Centres

Internal

AG's Branch(AG/Coord)
AC Branch (AG/MP 5/6)

Central Organisation ECHS
Adjutant Generals Branch
Integrated HQ of MoD(Army)
Maude Lines
Delhi Cantt - 110010

B/ 49701-PR/AG/ECHS

27 Feb 2008

IHQ MoD (N)DGMS (N) For ECHS
Air HQs (VB)/DPS
HQs SC. EC, WC, CC. NC. ARTRAC, SWC & A&NC
HQs WNC, ENC & SNC
HQSWAC. CAC. EAC, SAC, TC. SWAC & MC IAF

AMENDMENT

1. Refer to letter EET NO 346 PAGECHS dated 05 Dec 2007.

2. The following amendments may please be made in Central Organisation letter under reference:

(a) **Subject**

For - Amplification on ECHS Membership for Re-employed Office

Read - Amplification on ECHS Membership for Re-employed Personnel

Para 4 & 4 (a).

For - 4. In view of the above following fresh guidelines will apply case of re-employed officers, both pre and posts 01 Apr retirees:

(a) Re-employed Officer can become ECHS member.

Read - 4. In view of the above following fresh guidelines will apply case of re-employed personnel, both pre and posts 01 Apr retirees:

(a) Re-employed personnel can become ECHS member

3. Rest no change.

(Narinder Pal Singh)
Col
Dir(Ops&Coord)
For MD ECHS

Copy to:
All Area/Sub Area HQs
Station HQs
All Record Offices
All ECHS Regional Centres
CGDA
KSB - For information

Tele : 2565946

Central Organisation ECHS
Adjutant General's Branch.
Integrated of MoD (Army)
Maude Lines, Delhi Cantt - 110 010

B/49701-PR/AG/ECHS

05 Dec 2007

AMPLIFICATION ON ECHS MEMBERSHIP FOR RE-EMPLOYED PERSONNEL

1. Refer to our letter No B/49701-PR/AG/ECHS dated 17 Jul 2006.

2. As per referred letter the ECHS membership of re-employed personnel is kept under suspended animation since he is authorised all medical facilities from Armed Forces Medical Services as applicable to serving personnel. This was done to ensure that no Govt employee can be member of two Govt medical schemes concurrently. Representations have been received from the re-employed personnel regarding denial of appropriate medical facilities to their dependents since dependents of Service Personnel cannot be referred to empanelled facilities particularly at Non-Military stations. They have also represented against their contribution getting locked up without any interest since they are not availing ECHS facilities during re-employment.

3. ECHS is not a standalone Scheme. It is an extension of Armed Forces Medical Services. As per Govt policy all ECHS members are to first fully utilise Armed Forces Medical Services facilities available in the station before be referred to empanelled facilities

4. In view of the above following fresh guidelines will apply in case of re-employed personnel. both pre and post 01 Apr 03 retirees:

   (a) Re-employed Personnel can become ECHS member.

   (b) All members will submit an undertaking as hithertofore.

   (c) On re-employment an ECHS member will be treated as any other serving personnel. He will exercise option for availing medical facilities by his dependents only. An individual can choose any one medical facility for self and the other for dependents. Certificate of choice duly countersigned by the Station Commander at place of posting will be forwarded to Central Organisation ECES concerned Regional Centre and parent Polyclinic. It will be the responsibility of ECHS members to inform all concerned about his choice.

   (d) An individual can change his choice on posting under Regional Centres Station HQs and Parent polyclinic.

   (e) The ECHS membership cards or re-employed personnel will not be kept succeeded animator in case the choice for dependents is for ECHS.

5. Our letter No B-49701/PR/AG/ECHS dated 17 Jul 2006 is hereby superseded.

Satish Malik
Brig Offg
MD ECHS

Copy to: -

All Area/Sub Area
HQs Station HQs
All Record Offices
All ECHS Regional Centres
CGDA -
KSB

NOO.

Web JCO

Tele Fax : 011-25684846

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2019

28 Aug 2019

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS)
All Regional Centres ECHS

EX-SERVICEMENWELFARE : MEMBERSHIP OF ECHS FOR ECOs

Case in respect of ECOs/World War II veterans was taken up with the MoD for permission to switch over their membership from CGHS to ECHS without any payment/subscription. MoD vide their letter No 17 (11)/2018/ WE/D (Res-1) dt 19 Aug 2019 has intimated that the request of ECOs, World War II veterans who are already members of CGHS cannot be acceded to.

(B S Sisodia)
Col
Dir(Ops&Coord)
or MD ECHS

Copy to :

MoD (DoESW)
AG Cord
DG DC&W Sectt
Coast Guard HQ, New Delhi HQ DG
(SFF), New Delhi DG Assam Rifle
AMA ECHS, Embassy of India, Nepal Director
General NCC
ADGTA/TA-3 DIAV

Internal

All Secs (Less S&A)
S&A

Tele : 011-25684847
SCON: 36832
Fax : 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2015

31 Oct 2016

IHQ of MoD (Navy)/PDECHS (N)
Air HQ (Subroto Park)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres, ECHS

PRIORITY TREATMENT OF SENIOR CITIZENS

1. **Refer to** :

(a) Central Org ECHS letter No B/49701-PR/AG/ECHS dt 12 Dec 13.

(b) Central Org ECHS letter No B/49701-PR/AG/ECHS dt 19 Nov 07.

(c) Central Org ECHS letter No B/49701/AG/ECHS dated 15 Mar 07.

2. Consequent of our letter at Para 1 (b) above, inputs have been received from the environment wrt substantial increase in the number of senior citizens entitled for priority treatment and this str would further continue to grow. At times, it leads to avoidable unsavory situation at Polyclinics wherein two or more senior citizens turn up at the doctors chamber simultaneously.

3. In order to regulate senior citizen patients (male above 75 yrs, female above 70 yrs) it is recommended that a token system be introduced for this category. This would not only ensure order but also enhance clientele satisfaction.

(CK Nayak)
Lt Col
OffgDir(Ops&Coord)
for MD ECHS

Encls : As above

Internal

All Secs
Web JCO

Tele: 25684847,
ASCON: 36832

Central Organisation
Ex Servicemen Contributory Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Line
Delhi Cantt - 10

B/49701 PR/AG/ECHS

12 Dec 2013

(All Regional Centres, ECHS)

PRIORITY TREATMENT TO WAR DISABLED/ BATTLE CASUALTY/ PHYSICAL DISABLED AND SENIOR CITIZENS

1. Further to this office letter No B/49701 PR/AG/ECHS dt 04 Jun 2010 and B/49701/AG/ECHS dt 29 Mar 2011.

2. Instrs have been passed vide a/m letter to give due priority to war disabled/ battle casualty veterans and senior citizens in the Polyclinics, keeping in mind their old aged physical condition. However, Central Org ECHS is continuously in receipt of complaints/representations by the senior citizens and disabled veterans on not being accorded any priority.

3. All Regional Centres are directed to issue necessary instrs to the OIC Policlinics in accord priority to such veterans and senior citizens along with their spouses during consultations, check ups and issuing medicines. It is also advised that each Regional (Centre should open a 24x7 Helpline, widely published through various means, to redress the grievances of our veterans thereby incr the satisfaction level of our veterans/ sr citizens

4. Copy/ contents of this letter must be promulgated to all the Polyclinics functioning under respective Regional Centres ECHS.

(RK Pandey)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to

IHQ of MoD) (Navy/Dir IECHIS (N) Air
HQ (VB) DPS
HQ (Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

Disabled War Veterans (India)
B6/6, DLF City,
Phase 1, Gurgaon: 122002

for info with reference to your Letter No DIWAVE/WEL/ECHS/2013/469 dt 03OCT 2013.

Tele : 25684946
ASCON : 36832

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS

19 Nov 2007

IHQMoD (Navy)
Air Headquarters (VB) (D FinP)
Southern Command (A)
Eastern Command (A)
Western Command (A).
Central Command (A)
Northern Command (A)
South Western Command (A)

TREATMENT OF SENIOR CITIZENS

1. Further to Central Org letter No B/49701-PR/AG/ECHS dated 15 Mar 2007.

2. The following will be treated as Senior Citizens :-

   (a) Males - 75 Yrs & above

   (b) Females - 70 Yrs & above.

3. You are requested to pass suitable instructions to all concerned.

(Narinder Pal Singh)
Col
Dir(Ops&Coord)
for MD

Copy to :

All Regional Centres - for info and action as stated above

Tele 25584946

Central Organisation ECHS
Adjutant Generals Branch Army
Headquarters
Maude Lines
Delhi Cantt-110010

B/49701/AG/ECHS

15 Mar 2007

Headquarters

Southern Command (A)
Eastern Command (A)
Western Command (A)
Central Command (A)
Northern Command (A)
South Western Command (A)

TREATMENT OF SENIOR CITIZENS

1. All members of ECHS are retd members and very soon will become senior citizens. However at the same time. some old and sick people need ic be given priority at ECHS Polyclinics.

2. It has been decided that in future patients above 75 yrs of age. will be treated as senior citizens in the ECHS Polyclinics and will be given priority. The senior citizens will be attended out of turn at reception, examination by doctors and issue of medicines

3. You are requested to pass suitable instructions to all concerned.

(Narinder Pal Singh)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to

All Regional Centres - For info and action at Para 3 above.

Tele: 011-25684847
ASCON: 36832
Fax:011-25684946
Email: diropsechs-mod@nic.in

Central Organisation ECHS Adjutant
General's Branch IHQ of MoD (Army)
Maude Lines Delhi Cantt - 110 010

06 Feb 2017

B/49701-PR/AG/ECHS/2017

IHQ of MoD (Navy)/PDECHS (N)
Air HQ (Subroto Park)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres, ECHS

INCOME CRITERIA FROM ALL SOURCES FOR DEPENDENTS

1. Further to this Organisation letter No B/49764/AG/ECHS dated 10 Oct 2003, B/49701- SP/AG/ECHS dated 06 May 2005 and B/49701-PRI/AG/ECHS dated 04 Feb 2009.

2. Consequent to the implementation of recommendations of the 7th Pay Commission and revision of income criteria for dependency of "family in the CGHS vide Govt of India, Ministry of Health and Family Welfare letter No S. 11012/1/2/2016-CGHS-P dated 08 Nov 2016, the income criteria for dependency of family in ECHS also stands revised to "Rs 9000/- plus amount of Dearness Relief on the basic pension of Rs. 9000/- as on the date of consideration". The amount of Dearness Relief, as indicated in the income limit stands for the amount of Dearness Relief drawn by a pensioner/family pensioner on the date of consideration and not the amount of Dearness Relief due on the date of consideration.

3. The orders are to be implemented with immediate effect. All other terms and conditions of eligibility will remain unchanged.

4. The point may be noted by the eligible ESM while submitting Affidavit for membership.

5. This Organisation letter No B/49701-PRI/AG/ECHS dated 04 Feb 2009 stands superseded.

6. The above may please be given wide publicity.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
For MD ECHS

Tele: 011-25684847
ASCON: 36832
Fax:011-25684946
Email :diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

16 Feb 2017

B/49701-PR/AG/ECHS/2016

Air HQ (VB)/DPS
IHQ of MoD (Navy)/Dir ECHS (N)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS

ELIGIBILITYOF APS PERS FOR ECHS

1. Eligibility for ECHS for APS pers is governed by following letters:

(a) Govt of India, Min of Def letter No 22(1)/01/US(WE)/D(Res) dt 30 Dec 2002.

(b) Govt of India, Min of Def letter No 22D(03)/2015/E/D(Res) dt 17 Nov 2016 (fwd vide Central Org ECHS letter No B/49701-PR/AG/ECHS/2016 dt 24 Nov 2016.

2. Twin conditions for eligibility under ECHS are:

(a) Should be an Ex-Serviceman.

(b) Should be in receipt of pension/family pension/ disability pension drawn from Controller of Defence Accounts. Hence, applications for ECHS membership of eligible APS pers may be processed accordingly.

(R Malhotra)
Col
Dir (C&L)
for MD ECHS

Copy to : -

IHQ of MoD (Army)/QMG's Branch Addl
Dte Gen APS/APS-1D

APS Records
PIN 900746
c/o 56 APO

Internal:-

Ops & Coord Sec S&A
Sec

TeleFax: 011-25684846
Mil: 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2016

24 Nov 2016

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

All Regional Centres ECHS

CLARIFICATIONWITHREGARD TO ECHS MEMBERSHIP

1. Further to MoD DoESW letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec . 2002.

2. Clarification of **"Eligibility for ECHS Membership"** was received in the form of Govt Order No 22D(3)/2015/WE/D (Res) dt 17 Nov 2016 is fwd herewith:

3. It is clarified that only those ESM arc eligible to become ECHS members, who are drawing defence pensions from Controller of Defence Accounts.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
for MD ECHS

Encls : As above.

Internal - for info pl.

All Sec

S & A Sec - for uploading on ECHS website.

No. 22D(03)/2015/WE/D(Res)
Government of IndiaMinistry
of Defence
Department of Ex-servicemen Welfare
** **

New Delhi, the 17th November, 2016

To,

The Managing Director Central
Organisation, ECHS Maude Lines,
Delhi Cantt.

Subject: Classification with regard to ECHS Membership.

Sir,

In compliance of Hon'ble AFT Chandigarh Regional Bench at Chandimandir Order dated 19h March, 2015 in O.A. No. 3980 of 2013 and Order dated 04.04.2016 in MA (E) 3653 of 2015 in OA No. 3980 of 2013 filed by JC- 50078F Ex. Subedar Bhagat Singh, I am directed to clarify that pension/disability pension and family pensioners mentioned in para 2 of Ministry of Defence let ter 'No. 22(1)/01/US(WE)/D(Res) dated the 30h December, 2002 means only the defence pensions drawn from Controller of Defence Accounts.

This issue with the Concurrence of MoD(Finance/Pension)vide theirID. NO. 33(15)/2015/Fin/Pendated15.11.2016.

Yours Faithfully

(AK Karn)
Under Secretary to the Government of India
Telefax: 23014946

1. Addl. Dte Gen APS/APSID
2. PPS to JS (ESW)
3. DFA (Pension)

Tele: 011-25684946
ASCON: 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2017

19 Jun 2017

IHQ of MoD (Navy)/PDECHS (N)
Air HQ (Subroto Park)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres, ECHS

CLARIFICATIONREGARDING RATES OF SUBSCRIPTION OF ECHS MEMBERSHIP/REFUND OF FIXED MEDICAL ALLOWANCE (FMA)IN CERTAIN PECIFIC CASES

1. Ref GoI, MoD ID No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002,No 22(1)/01/US(WE}/D(Res) dated 01 Apr 2003, No 22(20)/05 /US(WE)D(Res) dated 10 Feb 2006 and No 22D(04)/10/US(WE)/D(Res) dated 02 Aug 2011.

2. In this connection, copy of GoI, MoD ID No 22D(17)/2016/(WE)/D(Res) dated 02 Jun 2017 is encl herewith for your info and necessary action.

(PK Singh)
Capt (IN)
OffgDir(Ops & Coord)
for MD ECHS

Encl: As above.

Copy to :

DGAFMS DGMS (Army) DGMS (Navy) DGMS (Air) HQ IDS
SO to AG
SO to DG (DC&W)
CGDA, NewDelhi" All CDAs
Secy, KSB
MA Kathmandu (Nepal) CABs
Mumbai AFRO BUVIK Mumbai

Internal

Med Sec

P&F Sec

C&L Sec

S&A Sec -

No.22D (17)/2016/(WE)/D(Res)
Government of India
Ministry of Defence
Department of Ex-Servicemen Welfare

New Delhi, the 2nd June, 2017

To,

The Chief of Army Staff The
Chief of Naval Staff The
Chief of Air Staff

Subject: Clarification regarding rates of subscription of ECHS membership/refund of Fixed Medical Allowance (FMA) in certain specific cases.

Sir,

1. In continuation of Government of India, Ministry of Defence letter No. 22(1)/01/US (WE)/ D(Res) dated 30 December 2002, No. 22(1)/01/US(WE)/D(Res) dated 01 April 2003, No. 22(20)/05/US(WE)/D(Res) dated 10 February 2006 and No.22D(04)/ 10/ US (WE) / D(Res) dated 02 August 2011, I am directed to convey the following clarifications regarding rates of subscription of ECHS contribution to be paid by ESM/ refund of FMA in certain specific situations where doubts have been raised:

S No	Point of doubt	Clarification
(a)	For ESM who retired between 01 April 2003 to 31 March 2004 and to whom FMA was being paid but was stopped and ECHS membership was not given due to non recovery of subscription, what should be the rate of subscription to be deducted from them at the time of applying for ECHS membership and how should the FMA that was be refunded?	(I) Rates of the subscription of ECHS contribution that was applicable at the time of their retirement may be deducted. (II) Payment of FMA which was stopped may be claimed separately by the ESMs.
(b)	ESM who retired between 01 April 2003 to 31 March 2004 and from whom subscription was deducted in PPO but the process of membership of ECHS was not completed in terms of submission/processing of application form. These ESMş now approaching for membership. Whether ECHS subscription already deducted is to be treated as final or should	Once subscription has been deducted and endorsed in PPO, old rates will be applicable for this category of ESM, irrespective of the date on which they apply for membership
	they be asked to deposit the difference in old and new rates of ECHS subscription?	
(c)	Whether old rates applicable at the time of their retirement or the new rates applicable at the time of application should be paid by those ESMs who retired between 01 April 2003 to 31 March 2004, and in whose case ECHS contribution was not deducted and FMA has been paid due to oversight/ error in PPO.	New rates of subscription prevalent at the time of application will be applicable for ESM who apply for ECHS at a later date
(d)	From whom should the ECHS subscription be deducted in cases where both husband and wife are serving in the Armed Forces and they retire at different dates?	The Scheme being compulsory in nature husband/ wife who retires first, should pay the contribution and avail benefits of the scheme and no subscription should be deducted from husband/ wife who retires later. He/ She will be eligible for benefits under the scheme as a spouse

2. This issues with concurrence of Ministry of Defence (Finance) vide their U.O No.32(14)/2015.FIN/PEN dated 30.05.2017.

Yours faithfully
(A.K. Karn)
Under Secretary to the Govt. of India

Copy to:

1. DFA (pension)
2. AG, IHQ of MoD (Army)
3. CGDA, New Delhi
4. MD ECHS

Copy for information to:

1. PS to RM
2. PS to RRM
3. PPS to Secretary, ESW
4. PS to JS, ESW
5. PS to Addl FA (RK) & JS

Copy signed in to :

Concerned PCsDA/ CsDA

Tele : 011-25684946
ASCON: 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2017

17 Jul 2017

All Regional Centers, ECHS

FUNCTIONAL DYNAMICS : REGIONAL CENTRES (RCs)

1. 13 RCs were sanctioned vide GoI MoD letter No 22(1)/01/US(WE)/D(Res) dt 30 Dec 2002 while 15 RCs were sanctioned vide GoI MoD letter No 22D(44)/2007/US(WE)/D(Res) dated 18 Oct 2010. At present, all RCs are operational

2. RCs are primarily Central Org ECHS entities spread Pan India on geographical basis and carry out the following functions:

(a) Oversee func of all the Polyclinics in its AOR.

(b) Monitor ops of new Polyclinics under its jurisdiction.

(c) Oversee provn and issue of medicines & eqpt to its Polyclinics

(d) Processing and payment of empanelled hosp bills in on-line sys.

(e) Empanelment of new hosps, where reqd.

(f) Assist in issue of ECHS cards.

(g) Processing of complaints recd or referred to.

3. RCs have a peculiar role and have to interface with multiple agencies to include the following: -

(a) Central Org ECHS.
(b) Neighboring/ other RCs.
(c) Polyclinics under its AOR.
(d) Local fmns / Stn HQs / Sub area HQs.
(e) Hospitals for bill mgt and empanelment & any verification/investigations
(f) Veterans & their dependents.

4. Despite a common charter, there is wide variation in working hours (incl No. of days in a week) of RCs which needs to be standardized. This has happened despite Central letter No B/49709 Gen/AG/ECHS dt 26 Jun 2012.

5. The following will be followed by all RCs with imdt effect:

(a)	Working days	- Monday to Saturday (Six day week)
(b)	Working hours & dress	- 0900hr to 1600hrs with lunch break from 1300hrs to 1330hrs (Uniform winder) Summer (Fridays – Comb dress)
(c)	Change of Dress	- As per local Str HQ.
(d)	Holidays	- As per Central Govt.

(e) Entire RC will be functioning as per these noms. No RC will issue Sectioning wise timings.

(f) All days will be open for hospitals to deposit bills

6. Dir RC's are designated CFA for Medical bills upto Rs Three lakhs and this involve displayed action of transparency and integrity. It is therefore directed that all CFA Activities; will be restricted to the office premises only. Clearance of bills from residence/away from office premises will not be done.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs - for info pl

Tele: 011-25684846
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army) Maude Lines
Delhi Cantt - 110 010

25 Jul 2017

B/49701-PR/AG/ECHS/2017

All Regional Centres, ECHS

DISPLAY OFIMPORTANT INFORMATION AT POLYCLINICS

1. Numerous requests are being received from veterans for the following information to be displayed prominately in ECHS Polyclinics :

(a) Timings

(b) Priority to male members over 75 years of age and female members over 70 years of age. (At reception, at doctors end and at Pharmacy). Pl also connect our letter No B/49701-PR/AG/ECHS dt 12 Dec 2013.

(c) Priority to Battle Casualty and their spouses. Pl also connect our letter No B/49701-PR/AG/ECHS dt 12 Dec 13 and even No dt 17 Oct 14.

(d) Details of Holidays for which Polyclinic will be closed (on notice board) for the complete years.

2. It has also been observed that OIC Polyclinics, medical officers and support staff are arriving late and leaving offices early causing inconvenience to the patients. The following std timings will be observed for all the ECHS Polyclinics

(a) **Std Timings**. 0800hr to 1600hr

(b) **OPD to be Seen**. 0800hr to 1500hr (Lunch break to be staggered to ensure continued availability of the Medical Officer, wherever more than one Medical Officer is available).

(c) **Emergency OPD**. 0800hr to 1600lır.

(d) OIC Polyclinics and support staff including Medical / Dental Officers can complete documentation after 1500hr but minimum one MO will be present for emergency patients whereas balance persons will be doing documentations, accounting and preparation for the next day,

3. Since medical specialists, Gyanecologistic & Radiologists are employed for five hours only, they will see the patients from 0830hr to 1330hr so that initial settling period is not wasted.

4. Please ensure that all Polyclinics are promptly notified about these details.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
for MD ECHS

Tele: 011-256849
ASCON: 36832
E-mail: jdpers@echs.gov.in

Central Organisation
Adjutant General's HQ of
MoD (Army) Maude Lines
Delhi Canti-110 010

04 Jul 2017

B/49760/AG/ECHS(R) /2017
(All HQ Comds A/ECHS)

TIMING OF ECHS POLYCLINIC

1 Ref Central OrgECHS letter No B/49760/AG/ECHS (R) dt 25 Jul 2017

.

2. Working timing of ECHS Polyclinics promulgated vide Central Organisation ECHS Letter at Para 1 above is the final authority on the subject and be implemented on ground All Other previous letters on the subject are superseded.

3. The timings will be as under which be prominently displayed in all ECHS Polyclinics".

(a) **Std Timings**. 0800hr to 1600hr

(b) **OPD to be seen**. 0800hr to 1500h (Lunch break to be staggered to ensure continued availability of the Medical Officer, wherever more than one Medical Officer is available)

(c) **Emergency OPD**. 0800hr to 1600hr.

4. HQ Western Come Only. Ref HQ Western Comd letter 46153/5/R/ECHS dt 28 Jun 2017. You are requested to pass modified instrs as per Para 3 above

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to -

(_____) For info and necessary action pl.
All Regional Centres

Tele : 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

13 Jul 2017

B/49701-PR/AG/ECHS/2017

IHQ of MoD (Navy)/PDECHS (N)
Air HQ (Subroto Park)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (AECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command(A/ECHS)
All Area HQs (A/ECHS)
All Sub AreaHQs (A/ECHS)
All Regional Centres, ECHS

ADVERTISEMENT BY HOSPITALS AT POLYCLINICS

1. As part of providing requisite medical care, large No of hospitals have been empanelled. Details of such hospitals having signed MOA with their contact No and locations along with empanelled facilities will be displayed by all the Polyclinics so that the ECHS beneficiaries are provided the requisite information.

2. Off late, it has been observed that certain hospitals have placed their advertisement boards/ charts/placards in the Polyclinics or in the immediate vicinity. Such hoarding/ displays/ advertisements will be removed with immediate effect and a confirmation is requested by 25 Jul 2017.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
For MD ECHS

Internal

All Sections

Tele : 011-25684946
ASCON: 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt- 110010

27 Sep 2017

B/49701-PR/AG/ECHS/2017

All Command HQ's (A/ECHS)
All Regional Centres (ECHS)

ELIGIBILITYCRITERIA FOR ECHS MEMBERSHIP

Policy on eligibility criteria for ECHS membership is enclosed herewith as per appendix attached for your info and further necessary action please.

(Sanjeev Saroch)
Col
Dir(Ops & Coord)
for MD ECHS

Encls : As above.

Internal

Med Sec
C&L Sec
P&FC Sec
S&A Sec

Appendix

Refer Central Org ECHS letter No 49701- PR/AG/ECHS/2017
dated ry Sep 2017) ELIGIBILITY CRITERIA FOR ECHS MEMBERSHIP

Ser No	Relation	Condition for Eligibility	Authority on letter	Remarks
1	ESM (Pensioner)	(a) Any person who has served in army rank (whether) as combatant or as Non- combatant) in The regular Army, Navy and Air Force of the Indian Union, and fulfils the following conditions :- (i) Individual should have an Ex-serviceman status. (ii) Individual should be in receipt of Pension/Family Pension/Disability Pension drawn from Controller of Defence Accounts. (b) Military Nursing Service (MNS) pensioners. (c) Whole time officers of National Cadet Corps (NCC). (d) Special Frontier Forces (SFF) pensioners. (e) Defence Security Corps (DSC) pensioners. (f) Uniformed Indian Coast Guard (ICG) , pensioners. (g) Nepal Domiciled Gorkha (NDG) (h) Territorial Army (TA) pensioners (j) Eligible APS Pensioners	(aa) MoD ID No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002. (ab) Central Org ECHS letter No B/49764/ AG/ECHS dated 10 Oct 2003. (ac) Central Org ECHS letter No B/ 49701- PR/AG/ECHS dated 01 Jun 2006. (ad) MoD ID No 18(17)72011/US (WE) dated 31 Oct 2012. (ae) MoD ID No 22D(03)/2015/WE/D (Res) dated 17 Nov 2016. (af) MoD ID No 22D(10)/10/US(WE)/D(Res) dated 21 Mar 2011. (ag) MoD ID No 22(68)/2006/US(WE/D (Res) dated 22 Jan 2008. (ah) MoD ID No 22D(48)/2006/US(WE)/D (Res) dated 14 Sep 2010.	

Ser No	Relation	Condition for Eligibility	Authority on letter	Remarks
2	Family Pensioner	Implies the legally wedded spouse of an Armed Forces personnel, whose name figures in theservice records of the personnel and whose husband/wife (as the case may be) has died either while in service or after retirement and is granted family pension. This term also includes a child or children drawing family pension on the death of his/her pension drawing father/mother, as also parents of a deceased bachelor soldier, who are in receipt of family pension.	(i) Central Org ECHS letter No B/49764/ AG/ ECHS dated 1 Oct 2003. (ii) Central Org ECHS letter No B/49701-PR/ AG/ ECHS/2017 dated 06 Feb 2017.	
3	Wife	(a) Legally wedded wife including more than one wife. . Spouse living separately is included as dependent, as long as the ESM pensioner is responsible for her maintenance. In case spouse remarries, then he/she is not entitled. (b) In the event of plural marriage, where it is permitted by the rules, the following conditions should be fulfilled for claiming ECHS membership (i) Necessary causality for entering into plural marriage should have been published through Unit Part II Orders and names of both the wives should be found recorded in the Service Discharge Book/ Service Particulars Retired Officers booklet issued by respective Service HQs.	(i) Central Org ECHS letter No B/49701- PR/AG/ECHS dated 01 Jun 2006. (ii) Central Org ECHS letter No B/ 49701 - PR/AG/ECHS dated 15 Jun 2011.	

Ser No	Relation	Condition for Eligibility	Authority on letter	Remarks
		(ii) The names of both the wives, should be found recorded in the PPO for grant of 'Family Pension' award. (iii) In case of widows, both wives should be in receipt of a share of 'Family Pension' and PPO produced in support of evidence. (iv) If a war widow remarries then she and her children from first marriage are eligible. Her husband, however, will NOT be eligible.		
4	Dependent Unemployed& Unmarried Daughter(s)	(a) Her/their details must exist in the service record of the pensioner. (b) Eligible till she starts earning or gets married whichever is earlier. (c) Dependent, divorced/abandoned or separated from their husband/widowed daughters whose income from all sources is less than Rs 9000/- (including DA) pm are entitled.	(i) Central Org ECHS letter No B/49701- PR /AG/ECHS dated 01 Jun 2006. (ii) MH & FW OM No 4-24/96-C&P/ CGHS / CGHS (P) dated 31 May 2007.	

Ser No	Relation	Condition for Eligibility	Authority on letter	Remarks
5	Dependent Unemployed& Unmarried Sons	a) His/their details must exist in the service record of the pensioner. (b) Son is eligible for ECHS membership till he starts earning or attains the age of 25 years or gets married, whichever is earlier. (c) In addition, the scheme provides **white card facilities** for critical disabilities as per provision of Person with Disability Act (PWD Act) - 1995. PWD Act provides opportunity for treatment to dependent of beneficiaries over and above the laid down criteria of age. These concessions are currently applicable for the following disabilities only:- (i) Blindness. (ii) Low vision. (iii) Leprosy cured. (iv) Hearing impairment. (v) Locomotor disability. (vi) Mental retardation. (vii) Mental illness.	(aa) Central Org ECHS letter No B/49701- PR/AG/ECHS dated 01 Jun 2006. (ab) MH & FW OM No 4-24/96-C&P/ CGHS / CGHS (P) dated 31 May 2007. (ac) MH & FW OM No 4-24/96-C&P /CGHS(P) dated 02 Aug 2010. (ad) Central Org ECHS letter No B/49701-PR/AG/ECHS/2017 dated 06 Feb 2017. (ae) Central Org ECHS letter No B/49701-PR/Gen/AG/ECHS/2017 dated 31 May 2017.	

Ser No	Relation	Condition for Eligibility	Authority on letter	Remarks
6	Adopted Children	Children including step children, legally adopted children, children taken as wards by the Government servant under the Guardians and Ward Act 1980, provided that such a ward lives with him, treated as a family member and is given the status of a natural- born child through a special will executed by the Govt. Servant.	(i) MoD ID NO 18(17)/2011/US(WE) dated 31 Oct 2012. (ii) MH & FW OM No S-11011/ 1/91-CGHS(P) dated 26 Aug 1991.	
7	When Both Husband and Wife are Central Govt Employees	(a) Where both husband and wife, are Central Govt, employees either of them may prefer claim for self and eligible members of the family, according to the status of the claimant. A joint declaration as to who will prefer the claim should be furnished. If declaration is not furnished concession is to be availed by all including wife according to the status of the husband. (b) If spouse is employed in a State Govt. Defence/ Railways, Corporations or bodies financed partly or wholly by the Central or State Govt, local bodies and private organizations which provide medical services, the medical facility can be availed at one place only and a joint declaration as to who shall prefer the claim is required to be furnished. (c) In case, both husband and wife contribute towards the ECHS Scheme, the parents of both will be entitled to the medical facilities if they fulfill other conditions of eligibility.	(i) MoD ID NO 18(17)72011/US (WE) dated 31 Oct 2012. (ii) MH & FW OM No S.11011/6/92- CGHS (iii) MoD ID No 22 D(17)/2016/(WE)/D (Res) dated 02 Jun 2017.	

Ser No	Relation	Condition for Eligibility	Authority on letter	Remarks
		(d) The Scheme being compulsory in nature, husband /wife who retires first, should pay the contribution and avail benefits of the Scheme and no subscription should be deducted from husband/wife who retires later. He/ She will be eligible for benefits under the Scheme as a spouse.		
8	Dependent Parents	(a) Parents (excluding step parents), subject to the following (i) Father and mother of the ESM pensioner shall be deemed to be dependent if they normally reside with the ESM pensioner and their combined income from all sources does NOT exceed Rs 9,000/- (including DA) pm. (ii) "Parents i.e, mother and father" of unmarried deceased soldier and in case of deceased parents, then 'NOK' of unmarried deceased soldier are also eligible, provided they are in receipt of liberalized family pension. (iii) Incaseof adoption, adoptive parents and not real parents. (iv) If adoptive father has more than one wife, only the first wife.	(aa) MoD ID No 18(17)/2011/US (WE) dated 31 Oct 2012. (ab) MH & FW OM No F. 4(1)-18/63-H dated 03 Mar 1987. (ac) 37-1-97-C&P/CGHS/Pt. III/.CGHS (P) dated 26 May 1999.	

Ser No	Condition for Eligibility	Authority on letter	Remarks
	(v) In case of female employees, parents or parents-in-law, at her option, subject to the conditions of dependency and residence etc being satisfied. **Note** Option to include either parents or parents-in-law is not available to a female family pensioner.		
Dependent Sisters	(a) Dependent unmarried/divorced/ abandoned or separated from their husband/widowed sisters. (b) Irrespective of age.	(i) MoD ID No 18(17)72011/US(WE) dated 31 Oct 2012. (ii) MH & FW OM No 4-24/96-C&P /CGHS/ CGHS (P) dated .31 May 2007.	
Dependent brothers	(a) Minor brother(s) upto the age of becoming a major. (b) Brothers suffering from permanent disability either physically or mentally, without any age limit. Provided he is unmarried, not having own family, wholly dependent on and residing with principal ECHS Card holder beneficiary.	(i) MoD ID No 8(17)/2011/US (WE) dated 31 Oct 2012. (ii) MH & FW OM No 4-24/ 96-C&P/CGHS/ CGHS (P) dated 31 May 2007. (iii) MH& FW OM NoS 11011/13/2012-CGHS (P) dated 25 Jul 2013.	
Minor Children of Widowed/separated daughters	Minor Children of widowed/separated daughters who are dependent upon the ECHS beneficiary and normally residing with him. shall be eligible upto the age of 18 years.	(i) MoD ID No 18(17)/2011/US (WE) dated 31 Oct 2012. (ii) MH & FW OM NoS 11011/32/2011-CGHS (P) dated 18 Jan 2012.	

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt -- 110 010

B/49701-PR/AG/ECHS/2017

21 Dec 2017

All Command HQ's

All Regional Centre's ECHS

ADVISORY ONFIXEDMEDICAL ALLOWANCE

1. It is certified that ECHS Scheme is optional for all pre Apr 2003 retirees and joining of Scheme is sole decision of ESM. As per IHQ of MoD ID No 22(1)/01/US(WE)D(Res) dated 30 Dec 2002, FMA is forfeited once an ESM joins the Scheme. As per Govt orders, Ex-Servicemen Contributory Health Scheme is compulsory for all post Apr 2003 retirees.

2. It is intimated that release/cessation of pay and allowances from the pension of ESM is subject matter of Pension disbursing agencies and respective Bankers.

3. Once ESM joins the Scheme, no provision exists for discontinuation of membership and issue of non membership certificate.

4. You are requested to accordingly take action vide Central Org ECHS letter No B/49711-SC/AG/ECHS dated 02 Jul 2014 is enclosed herewith.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls : One.

Internal

Med Sec
P&FC Sec
C&L Sec
S&A Sec
Pers Sec
Poly Sec

Tele : 011-25684946
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD(Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2017

29 Dec 2017

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General SFF ADG
TA/TA-3
All Regional Centre's, ECHS

REVISED RATES OF ECHS CONTRIBUTION AND ENTITLEMENT OF WARD IN EMPANELLED HOSPITALS / MEDICAL FACILITIES

1. Revised ECHS contribution and entitlement of ward in empanelled hospitals post 7th CPC has been approved by MoD(DoESW). In this connection, copy of MoD Note No 22D(04)2010/WE/D(Res-1) dt 29 Dec 2017 is encl herewith.

2. You are requested to disseminate the information to all concerned for their info and necessary action please.

(PK Parekh)
Maj
Offg Dir (Ops & Coord)
for MD ECHS

Encls One page only.

Copy to

PCDA(P), Allahabad SO to AG SO to DGMS (Army) SO to ADGMS (Army) SO to DGMS (Navy) O/o DGAFMS O/o AFMSD O/o DIAV	For info alongwith copy of above letter.
Internal	For info pl
All Secs (less S&A Sec)	
S&A Sec	Request upload the above policy on our website and also share on ECHS Whatsapp gp

No.22D(04)/2010WE/D(Res-1)
Government of India Ministry of Defence
Department of Ex-Servicemen Welfare
Sena Bhavan, New Delhi

Dated 29th Dec. 2017

To.

The Chief of Amy Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : Revised rates of ECHS contribution and entitlement of Ward in Empanelled Hospitals / Medical Facilities.

Sir,

1. In supersession of the Government of India, Ministry of Defence letter No. 22(16)/05/ US(WE)1/D(Res) dated 19 July 2005 and 22D(04)/10/US(WE)/D(Res) dated 8thAugust, 2011, I am directed to convey the sanction of the Government to revise rates of ECH S contribution to be paid by ESM and ward entitlement as under:

Ser No	Category	One time Contribution	Ward Entitlement
(a)	Recruit to Havs & equivalent in Navy & AF	Rs. 30,000/	General
(b)	Nb Sub/Sub/Sub Maj or equivalent in Navy & AF (including Hony Nb Sub MACP Nb Sub and Hony Lt/ Capt.)	Rs.67,000/	Semi Private
(c)	All officers	Rs.1,20,000/	Private

2. The revised order will be effective from the date of issue of this letter,

3. This issues with the concurrence of Ministry of Defence (Finance) vide their ID No.32(09y/2016/Fin/Pen dated 22-11-2017.

Yours faithfully,
(AK.Karn)
Under Secretary to the Govt. of India

Copy to

1. AG, IHQ of MOD(Army)

UI-20004940 45
ASCON: 36832
Fax. 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines
Delhi Cantt - 110 010

01 Jan 2018

B/49701-PR/AG/ECHS/2018

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General SFF
ADG TATA-3
All Regional Centres, ECHS

REVISED RATES OF ECHS CONTRIBUTION AND ENTITLEMENT OF WARD IN EMPANELLED HOSPITALS / MEDICAL FACILITIES

1. Further to our letter No B/49701-PR/AG/ECHS/2017 dated 29 Dec 2017.

2. it is clarified that all veterans who have given the contribution for MACP / Hony ranks will be auth for entitlement of ward as per MoD ID No 22D(04)2010/WE/D(Res-I) dt 29 Dec 2017 copy fwd vide our letter quoted at Para 1 above.

3. You are requested to disseminate the information to all concerned for their info and necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
For MD ECHS

Copy to

PCDA(P), Allahabad SO
AG
SO to DGMS (Army) SO to
ADGMS (Army) SO to
DGMS (Navy)
O/oDGAFMS O/o
AFMSD O/o DAV

Internal

All Secs (less S&A Sec)

S&A Sec

Tele : 011-2560.946
ASCON: 36832
Fax. 011-25684946
Email diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt- 110 010

29 Dec 2017

B/49701/PR/AG/ECHS/2017

Air HQ PD (DAV) PD (Navy)
All Comd HQ s (A/ECHS)
AMA ECHS. Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General SFF
ADG TA/TA-3
All Regional Centres. ECHS

REVISEDRATES OF ECHS CONTRIBUTION AND ENTITLEMENT OF WARD IN EMPANELLED HOSPITALS / MEDICAL FACILITIES

1. Revised ECHS contribution and entitlement ward in empanelled hospitals post 7" CPC has been approved by MoD (DoESW). In this connection, copy of MoD Note No 22D(04)2010/ WE/D /Res -1 to 29 Dec 2017 is encl herewith.

2. You are requested to disseminate the information lo all concerned for their infoand necessary action please.

(PK Parekh)

Maj Offg
Dir(Ops&Coord)
for MD ECHS

Encls One page only.

Copy to

PCDA (P). Allahabad
SO to AG
SO to DGMS (Army)
SO to ADGMS (Army)
SO to DGMS (Navy)
O/o DGAFMS
O/o AFMSD
O/o DAV

For info along with copy of above letter.

Internal

All Secs (less S&A Sec)

For info pi.

S&A Sec
.

Request upload the above policy on our website and also share on ECHS Whatsapp gp

No.22D(04)/2010WE/D(Res-1)
Government of India
Ministry of Defence Department of Ex-Servicemen Welfare
Sena Bhawan, New Delhi

Dated 29th Dec., 2017

TO,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: Revised rates of ECHS contribution and entitlement of Ward in empanelled Hospitals / Medical Facilities

Sir,

1. In supersession of the Government of India, Ministry of Defence letter No. 22(16)/05/US(WE)/D(Res) dated 19 July 2005 and 22 D (04)/10/US(WE)/D(Res) dated 8th August, 2011, I am directed to convey the sanction of the Government to revise rates of ECHS contribution to be paid by ESM and ward entitlement as under:

Ser No	Category	Onetime Contribution	Ward Entitlement
(a)	Recruit to Havs & equivalent in Navy & AF	Rs. 30,000/	General
(b)	Nb Sub/Sub/Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/MACP Nb Sub and Hony Lt/Capt.)	Rs.67,000/	Semi Private
(c)	All officers	Rs.1,20,000/	Private

2. The revised order will be effective from the date of issue of this letter.

3. This issues with the concurrence of Ministry of Defence (Finance) vide their ID. No.32(09)/2016/Fin/Pen dated 22-11-2017.

Yours faithfully,

(A.K. Karn)
Under Secretary to the Govt. of India

Copy to:

1. AG, IHQ of MoD(Army)
2. CCOA, New Delhi
3. MD, ECHS

Copy for information to

1. PS to RM
2. PS to RRM
3. PPS to Secretary, ESW
4. PS to JS(ESW)
5. PS to Addl. FA (RK) & JS

Copy signed in ink to :
Concerned PCsDA/CsDA

Tele : 011-25684847
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

CentralOrganisationECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2018

05 Sep 2018

All Regional Centres (ECHS)

CONSTITUTION OF INTERNAL COMPLAINT COMMITTEES RELATING TO SEXUAL HARASSMENT OF WOMEN AT WORKPLACE

1. Copy of MoD ID No 18(9)/2016/1&C/D(Res) dt 21 May 18 is fwd herewith.

2. All Regional Centres ECHS are requested to intimate the composition of the internal Complaints Committee, name of the Nodal Officer and their contact details for matters relating to Sexual Harassment of Women at Workplace on 15 Sep 18 positively.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls : Four Pages

Copy to :

All Sec - For info pl

Ministry of Defence (Department of

Ex- Servicemen Welfare)

Subject : Constitution of Internal Complaint Committees relating to Sexual Harassment of Women at Workplace.

1. Please find enclosed herewith Estt Division/Gp. 1 Section, MoD I.D. Note No. A- 52029/1/97-D(Estt.1/Gp.1) dated 25.04.2018 on the subject mentioned above.

2. It is requested to intimate the composition of the internal Complaints Committee, name of the Nodal Officer and their contact details for matters relating to Sexual Harassment of Women at Workplace by 11.00 hrs on 23.05.2018 positively.

(S.K. Sinha)
Under Secretary (1&C)
Telefax No – 23012593

1. M.D. Central Organization, ECHS
2. Directorate General of Re-Settlement
3. Secretary, Kendriya Sainik Board

MOD ID No. 18(9)/2016/1&C/D(Res) dated 21.05.2018

Tele : 011-25684946
ASCON : 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2018

10 Sep 2018

IHQ of MoD (Navy)/PD ECHS (N)
Air HQ (Subroto Park)/DAV
All Command HQ's (A/ECHS)
All Regional Centre's, ECHS

PROVISIONOFMEDICAL CERTIFICATE : ECHS BENEFICIARY

1. Further to CO ECHS letter No B/49701-PR/AG/ECHS/2017 dt 01 Dec 2017.

2. Authorized Medical Attendant (AMA) for an ECHS beneficiary is the Medical Officer (MO) of ECHS Polyclinic

3. The fwg medical certificate will be issued by ECHS Polyclinics to ECHS beneficiaries :

   (a) Sickness certificate, if reqd by the employer.

   (b) Fitness certificate after recovery from sickness.

   (c) Driving License for ECHS Beneficiaries.

   (d) Fitness Certificate for employment of any ECHS Beneficiary att at Appx 'A'.

   (e) Infirmity certificate to ECHS bed ridden patients, widows & person based on medical certificate att at Appx 'B'.

   (f) Concession certificates for orthopedically handicapped/paraplegic person/ patient/ mentally retarded person/completely blind/totally deaf & dump person att at Appx 'C'.

4. RCs to communicate the content of this letter to all Polyclinics

BS Sisodia
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs (less S&A Sec)

S&A Sec -Pl updated on ECHS website.

Appx 'A

MEDICALFITNESS CERTIFICATE FORECHS MEMBERS FOR EMPLOYMENT

1. I No_____Rank _____Name _____(Retd), have applied for the employment of Manager / Accountant / salesperson / Caretaker etc. in_____(Name of Organisation)

2. I certify that I am not on regular medication for any disease and not suffering from any chronic disease.
OR
I am a patient of_____and am on regular medicine and treatment.

3. I further certify that I am not to undertake strenuous physical / mental work load in the employment, I have applied for.

4. I alsofully understand that my continued employment during the contract is subject to my medical fitness.

Signature No

Rank Name

Date

MEDICAL FITNESS CERTIFICATE FROM ECHS DOCTOR

Certified that No _____Rank _____Name _____(Retd) _____ residing of _____physical for to undertake strenours work and is not suffering from any communicable or contagious disease.

Round Stamp (Signatureof ECHS Medical Officer)

Dated

.

THISCERTIFICATE IS NOT VALIDFORCOLLECTION OFMEDICINE FROM POLYCLINIC / SERVICE HOSPITAL

No _____ _____

Rank _____ _____

Name _____ _____

(Address & Contact No

Liquor Card No _____

No _____

Stn HQs _____

REQUEST FORAUTHORISATION OF DEPENDENT FOR COLLECTION OF GROCERY / LIQUOR STORES

Sir

1 Ref HQ Western Command SOP on thesubject (vide No _____dated _____)

Passport size Photograph to be attested by Stn HQs

2. Medical certificate vide Appx 'A' is encl herewith. Details of dependent to be auth are as under :

(a) Name _____

(b) Date of Birth _____

(c) Relationship with ESM/ Widow _____

(d) Residential Address _____

(e) Tele/ Contact Number _____

(f) Identification Marks _____

3. It is requested that the above mentioned dependent be authroised to collect Grocery/ Liquor Stores Ex **(URC/GLC)** on my behalf

Signature of auth dependent

Signature of ESW/ Widow **(For use by Stn HQ/ Canteen Cell)**

Paste passport size photograph duly signed & stamped byThe issuing doctor

Appx 'C'

Concession certificate form for orthopedically handicapped/paraplegic person/ patients/ mentally retarded person completely blind person/totally deaf & dumb person

This is to certify that KM/Shri/Smt---------- whose particulars are furnished below is a bonafied **ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/ MENTALLY RETARDID PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/COMPLETELY BLIND PERSON/TOTALLY DEAF & DUMB PERSON**

Particulars

(a) Address _____

(b) Father's Husband's Name _____

(c) Age _____

(d) Sex _____

(e) Nature of Handicasp : (To be written by doctor whether the disability is temporary of Permanent) _____

_____

(f) Signature or Thumb impression of the person seeking concession (not necessary for those with both hand missing or non functioned _____

_____

(Signature of Government Doctor)

Place

Date:

Clear seal of Government

Seal containing full name and Hospital # Regn No. of the Doctor

.

*Strike out where not applicable.

#For blind persons RMP/head of institution for the blind recognized can also issue certificate for blind. Note:

1. The certificate should be issued only to those **ORTHIOPAEDICALLY HANDICAPPED/PARAFLIGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OR AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUTAN ESCORT/COMPLETELYBLIND PERSON/TOTALLY DLAF & DUMB PERSON.** The photo must be signed and stamped in such a way that doctor's signature and stamp appears partly on the photo and partly on the certificate.

2. For Mentally retarded persons/Completely blind persons/Deaf and dumb persons (both afflictions together), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopedically/paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability, the Certificate will remain valid for (i) five years, in case of persons upto the age of 25 years, (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of the period validity of the certificate, the person is required to obtain a fresh certificate.

3. Photocopy of this certificate is accepted for the purpose of grant of concession. The original certificate will have to be produced for inspection at the time of purchase of concessional ticket and during the journey, if demanded,

4. No alteration in the form is permitted.

शारीरिक रूप से अस्थि विकृति से विक्लांग/अधरंग व्यक्ति/मरीज/मानसिक रूप से मंदित व्यक्ति/पूरी तरह से नेत्रहीन/पूरी तरह से मूक एवं बधिर व्यक्ति के लिए रियायती प्रमाणपत्र संबंधी फार्म

जारी करने वाले डॉक्टर द्वारा विशेषत रूप से हस्ताक्षर किया गया एवं लौहर लगाया हुआ पासपोर्ट आकार का फोटो चिपकाए

यह प्रमाणित किया जाता है कि श्रीमती/श्रीमती ———— जिसका विवरण नीचे दिया गया है वास्तव में अस्थि विकृति से विक्लांग/अधरंग व्यक्ति/मरीज है जो बिना किसी सहचर की सहायता से चला नहीं कर सकता/मानसिक रूप से मंदित व्यक्ति जो सहचर के बिना चला नहीं कर सकता/पूर्ण रूप से नेत्रहीन/पूर्ण रूप से मूक एवं बधिर व्यक्ति है *.

विवरण:

क) पता :————

ख) पिता/पति का नाम :————

ग) आयु :————

घ) लिंग :————

ङ) अक्षमता किस प्रकार की है: (डॉ. द्वारा लिखा जाए कि अक्षमता अस्थायी या स्थायी है) ————

च) दिव्यांग मांगने वाले व्यक्ति का हस्ताक्षर या अंगूठे का निशान (जिसके दोनों हाथ नहीं है या काम नहीं कर सकते, उनके लिए आवश्यक नहीं): ————

————

(सिविल डॉ. के हस्ताक्षर #)

स्थान: ————

दिनांक: ————

————

सरकारी अस्पताल की स्पष्ट मोहर #

————

मोहर में डॉ. का पूरा नाम और रजिस्ट्रेशन सं. #

* जहां लागू नहीं हो उसे काट दें।

मेडिकल व्यक्तियों के लिए आरएमसी/मेडिकोज के लिए मान्यता प्राप्त संस्था का प्रधान भी प्रमाणपत्र जारी कर सकता है।

नोट:

1) यह प्रमाणपत्र केवल अस्थि विकृति से विक्लांग अधरंग/अधरंग व्यक्ति/मरीज जो बिना किसी सहचर की सहायता से चला नहीं कर सकता/मानसिक रूप से मंदित व्यक्ति जो सहचर के बिना चला नहीं कर सकता/पूर्ण रूप से नेत्रहीन/पूर्ण रूप से मूक एवं बधिर व्यक्ति को जारी किया जाना चाहिए। फोटो पर हस्ताक्षर और लोहर इस प्रकार होनी चाहिए कि डॉक्टर के हस्ताक्षर और लोहर आंशिक रूप से फोटो पर और आंशिक रूप से प्रमाणपत्र पर हो।

2) मानसिक रूप से मंदित व्यक्तियों/पूर्ण रूप से नेत्रहीन व्यक्तियों/मूक एवं बधिर व्यक्तियों (दोनों अक्षमताएं) के लिए यह प्रमाण पत्र जारी की गई तिथि से पांच वर्ष के लिए मान्य होगा। अस्थि विकृति से विक्लांग और अधरंग व्यक्तियों के मामले में अस्थायी अक्षमता के लिए यह प्रमाणपत्र 5 वर्ष के लिए मान्य होगा और स्थायी अक्षमता के मामले में यह प्रमाणपत्र (i) 25 वर्ष आयु तक के व्यक्तियों के मामले में 5 वर्ष (2) 26 से 35 वर्ष तक की आयु वाले व्यक्तियों के लिए 10 वर्ष (3) 35 वर्ष से अधिक आयु वाले व्यक्तियों के लिए यह प्रमाणपत्र संबंधित व्यक्तियों के पूरे जीवन के लिए मान्य रहेगा। प्रमाणपत्र की समय-सीमा समाप्ति के बाद, व्यक्ति को नया प्रमाणपत्र प्राप्त करना होगा।

3) रियायत देने के लिए इस प्रमाण पत्र की फोटोप्रति भी स्वीकार की जायेगी। मूल प्रमाणपत्र रियायती टिकट की बुकिंग के समय और यात्रा के समय, यदि मांगा जाता है, प्रस्तुत किया जाना आवश्यक होगा।

4) इस फॉर्म में किसी प्रकार का परिवर्तन किए जाने की अनुमति नहीं है।

Tele: 011-26684847
ASCON: 36832
Fax. 01.25684946
mail: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/Gen/AG/ECHS/2018

24 Jul 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (AECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HO South Western Command (AECHS)
All Regional Centres (ECHS)

REVISED RATES FOR ECHS CONTRIBUTION

1. Refers : -

   (a) CO ECHS letter No B/49701-PR/AG/ECHS/2017 dated 29 Dec 2017,

   (b) CO ECHS letter No B/49701-PR/AG/ECHS/2018 dated 11 Jan 2018.

2. It is observed that PCsDA / CsDA are still deducting the ECHS contribution at the old rates which is resulting in dishonoring of ESM at polyclinics at the time of treatment. The veteran during first visit to the Polyclinic/Stn HQ for activation of the ECHS card, all documents including PPO is checked. PPO mentions the amount deducted for ECHS and if old amount is mentioned in the PPO, his ECHS card is not activated.

3. It is directed that the balance/difference of amount will be paid by the veteran through MRO in the Govt treasury in the favour of PCsDA CsDA concerned. This exercise for deposition of the balance / difference of amount of contribution will be carried out by all Regional Centres ECHS and a confirmation to this affect will be sent to this office for perusal of MD ECHS.

4. For info and necessary action please.

(BS Sisodia)
Col
Dir(Ops & Coord)
for MD ECHS

Copy to :

PCDA (Pension) Allahabad Draupadi Ghat-211014
PCDA (Navy) Mumbai - 400001 PDA (AF) New Delhi — For info and necessary action please,

Internal

All Secs (Less S&A Sec) — For info and necessary action

S&ASC — For upload on ECHS website

Tele: 011-25684847
ASCON: 36832
Fax: 011-25684946
Email: diropsechs-mod@nic.in

CentralOrganisationECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2015

07 Dec 2015

IHQ of MoD (Navy)/PD ECHS (N)
Air HQ (Subroto Park) /DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres, ECHS

POLICY : PARENT POLYCLINIC BASED ON THE CHOICE OF ESM

1. Further to this Org letter No B/49711/AG/ECHS dated 25 Mar 2011 and B/49701-PR/AG/ECHS dated 31 Jul 2014 (copy att)

.

2. The policy on parent polyclinic based on the choice of ESM was promulgated to the environment vide our letter under ref. The interpretation of the Policy has resulted in No of representations from veterans due to inconvenience being caused to them. It is clarified that the onus of implementing the request for change of Polyclinic will be that of the OIC Polyclinic and all means of communication, i.e. post, e-mail etc will be exploited for the same.

3. It is once again, reiterated that continuation of medical care to all beneficiaries will be ensured at all times.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
MD ECHS

Encls: As above.
Internal

Appendix A.

Polyclinic File ref:---------- Date:-------

INTIMATION:CHANGE OF PARENT POLYCLINIC

(Separate form to be raised for each card/copy to be sent to concerned Regional Centre)

To

OICECHS Polyclinic

---------- (Address of Old Parent Polyclinic)

1. ECHS Card No .....
2. Name of ECHS beneficiary. ----------
3. Relationship with ECHS Member ----------
4. No .....
5. Rank .....
6. Name of AFV .....
7. Old Parent Polyclinic_____
8. New Parent Polyclinic .....
9. Date of change of parent Polyclinic----------
10. Duration from.....to.....

Declaration by Card Holder

Certified above is true

Date: (Sign. Of Card Holder)

Remarks of OIC Polyclinic Verified details as above Certified above is true

Date: (Sign. Of OIC Polyclinic)

Tele : 011-25684847
ASCON : 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2018

26 Sep 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
All Comd HQs (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General of Indian Coast Guard
Director General NCC
Director General SFFADG
TATA-3
All Regional Centres, ECHS

ELIGIBILITY OF PERMANENTLY DISABLED UNMARRIEDSON OF A ECHS BENEFICIARY TO AVAIL ECHS FACILITY

1. "**The Rights of Persons with Disabilities Bill – 2016"** has been revised, which will replace the existing PWD Act – 1995. The permanent disabilities have been increased from existing 7 to 21.

2. In consonance with spirit of Indian Army wherein the year 2018 has been declared "Year of Disability in line of Duty" MoD (DoESW) has approved applicability of PWD Act 2016 wef 18 Sep 2018 vide their ID No 18(77)/2017/WE/D(Res-1) dated 18 Sep 2018 wherein sons suffering from following disabilities :

(a) Blindness

(b) Low-vision

(c) Leprosy Cured persons.

(d) Hearing Impairment (deaf and hard of hearing).

(e) Locomotor Disability,

(f) Dwarfism

(g) Intellectual Disability.

(h) Mental Illness.

(i) Autism Spectrum Disorder.

(k) Cerebral Palsy.

(l) Muscular Dystrophy.

(M) Chronic Neurological conditions.

(n) Specific Learning Disabilities.

(o) Multiple Sclerosis.

(p) Speech and Language Disability.

(q) Thalassemia.

(r) Hemophilia.

(s) Sickle Cell Disease.

(t) Multiple Disabilities including deaf, blindness,

(u) Acid Attack Victim.

(V) Parkinson's Disease.

(BS Sisodia)
Col
Dir(Ops & Coord)
for MD ECHS

Copy to :

SO to AG
SO to DGMS (Army)
SO to DGMS (Navy)
SO to DGMS (AF) O/o DGAFMS
O/o AFMSD
DAV

Internal

All Secs (Less S&A Sec) - For info pl.

S&A Sec - Request upload on our website and also fwd on ECHS Whatsapp Gp

.

Tele : 011-25684847
ASCON : 36832
Fax : 011-25684946

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR-AG/ECHS/2018

26 Sep 2018

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General SFF
ADG TA/TA-3
All Regional Centres, ECHS

PROCEDURE FOR PROCESSING OF ECHS APPLICATION INCASE OF MARITAL DISCORD/ FAMILY DISPUTE AND PARENTS OF SOLDIERS AFTER DEATH IN HARNESS

1. A number of petitions are recd from spouses of veterans as a consequence of marital discord and parents of the serving soldiers who died in harness wherein the primary beneficiary does not apply for ECHS membership for the dependents. The extant rules do not permit anyone else to apply for ECHS membership except the primary member.

2. ECHS is akin to CGHS in many regards and ECHS rules are similar too. Since the CGHS rules extend CGHS facilities to a judicially separated wife (CGHS Rule Book, Chapter 3, Page 25), it is axiomatic that since a judicially separated wife is aut h CGHS facilities, a spouse during the period of marital discord will also be allowed CGHS facilities. Further, the meaning of 'family' as per Govt Rules are as under :

(a) Husband/wife, including more than one wife and a judicially separated wife.

(b) Parents (excluding step parents), subject to the following:

(i) In case of adoption, adoptive parents and not real parents.

(ii) If adoptive father has more than one wife, only the first wife: and.

(iii) In case of female employees, parents or parents-in-law, at her option, subject to the conditions of dependency and residence etc. being satisfied.

(c) Children, including step children, legally adopted children, children taken as wards by the Government servant under the Guardians and Ward Act, 1980, provided that such a ward lives with him, treated as a family member and is given the status of a natural born child through a special will executed by that Government servant :

(i) Son is eligible till he starts earning or attains the age of 25 years or gets married, whichever is earlier.

(ii) Daughter is eligible till she starts earning, or gets married.

(d) Sons suffering from permanent disability either physically or mentally, without any age-limit.

(i) Disability means blindness, low vision, leprosy- cured, hearing impairment, locomotor disability, mental illness (includes schizophrenia) autism, cerebral palsy or a combination of any two or more of such conditions and includes a person suffering from several multiple disability.

(ii) 'Permanent disability' means a person with 40% or more of one or more disabilities.

(iii) Dependent divorced/abandoned or separated from their husband/widowed daughters (irrespective of age).

3. The ECHS facilities will hence be extended to the spouse/her dependent children/ eligible parents/dependents, during the period of marital discord.

4. In so far as, the parents of ESM are concerned, there are cases where the spouse of ESM becomes the primary member after the demise of the EMS (family dispute) is reluctant to obtain ECHS membership for the parents, despite their meeting the dependent criteria including income criteria. Such cases will also be addressed under the meaning of the term 'family' and ECHS facility will be made applicable to eligible persons.

5. The procedure for processing of ECHS application in case of marital discord / family dispute cases will be as under :

(a) Spouse/dependent children and dependent parents will be eligible to apply for ECHS membership on production all supporting documents for eligibility of self and his / her children and similarly for dependent parents.

(b) On the basis of ibid provision, the spouse / dependent children / dependent parents should apply to DIAV for Army, DESA for Navy & DAV for Air Force who will facilitate in obtaining copy of PPO from respective Record offices. The application should be duly supported with an identity proof in the form of Aadhaar Card, PAN Card, Ration Card, Marriage Part II order & Dependent Card issued by District Soldier Board. DIAV/ DESA/DAV will endorse a letter to the primary beneficiary to give him/her an opportunity to apply for cards himself/herself within 30 days for eligible family members. In case of non receipt of reply within 30 days / refusal to apply, obtaining copy of PPO will be facilitated for the applicant.

(c) Having obtained the copy of the PPO, the spouse / dependent children / dependent parents should apply through 'Online Application' portal of ECHS website for issue of ECHS Smart Card. Once the online application is successfully filled up alongwith payment for the card (s), the indl will be able to generate 'Temporary Slip' for the affected persons. The same will be activated at dependent Polyclinics with a validity of three months at a time or till receipt of card whichever is earlier. The Temporary S lip will allow med treatment to the concerned persons till receipt of Smart Card.

(d) In marital discord cases, the ECHS membership granted will be for a limited period of one year or till resolution / divorce whichever is earlier. The same will be renewed in case of status quo beyond a year.

(e) The membership of spouse will be discontinued once a divorce is granted & settled. The responsibility of informing of divorce will be that of the primary beneficiary / ESM. If not informed and any treatment taken by the divorced lady post divorce / recovery due will be on the primary beneficiary / ESM including for those children staying with him/her.

(f) It will be responsibility of dependent parents in cases of serving soldiers died in harness) to give yearly affidavit for income criteria. Wife of deceased soldier should also inform if parents have more income which makes them ineligible. Responsibility of recovery will be on primary beneficiary.

(g) Membership of children will be based on the eligibility criteria as governed in terms of age, income and marriage criteria applicable as laid down vide CGHS letter No MH & FW No 4-24/96- C&P/CGHS/CGHS(P) dated 31 May 2007.

(h) The onus of informing of divorce for marital discord cases and income criteria for dependent parents will be of primary beneficiary.

6. This has approval of AG.

(Niranjan Kumar)
Brig
Dy MD
for MD ECHS

Copy to :

.

PCDA (P), Allahabad SO to DG DC&W SO to DGMS (Army) SO to ADGMS (Army) SO to DGMS (Navy) O/o DGAFMS O/o AFMSD O/o DIAV	For info.

Internal

All Secs (less S&A Sec)	For info.
S&A Sec	Request upload the above policy on our website and also share on ECHS Whatsapp Gp. Also ensure suitable work flow wrt Para 7 (c) above.

Tele: 011-25684946
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

20 Sep 2018

B/49701-PR/AG/ECHS/2018

PCDA (P), Allahabad PCDA
(Navy), Mumbai CDA (AF), New
Delhi

REVISEDRATES OF ECHS CONTRIBUTION

1. Further to CO ECHS letter No B/49701-PR/Gen/AG/ECHS/2018 dt 24 Jul 18.

2. It has been confirmed by PCDA(Navy) & CDA (AF) that respective PCDA will deduct the balance amount from the pension of ESM.

3. In view of the above, Navy & Air Forces ESM may need not deposit MRO of balance amount.

(BS Sisodia)
Col
Dir (Ops& Coord)
for MD ECHS

Copy to

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal - For info & necessary action pl. Director General Indian Coast Guard
Director General NCC
Director General SFF ADG TA/TA-
3 All Regional Centre's, ECHS

Internal

All Secs (less S&A Sec) - For info pl.

S&A Sec - Request upload the above policy on our website and also share on ECHS Whatsapp gp.

Tele : 011-25684847
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/Gen/AG/ECHS/2018

24 Jul 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres (ECHS)

REVISEDRATES FOR ECHS CONTRIBUTION

1. Refers :-

(a) CO ECHS letter No B/49701-PR/AG/ECHS/2017 dated 29 Dec 2017
(b) CO ECHS letter No B/49701-PR/AG/ECHS/2018 dated 11 Jan 2018.

2. It is observed that PCsDA / CsDA are still deducting the ECHS contribution at the old rates which is resulting in dishonoring of ESM at polyclinics at the time of treatment. The veteran during first visit to the Polyclinic/Stn HQ for activation of the ECHS card, all documents including PPO is checked. PPO mentions the amount deducted for ECHS and if old amount is mentioned in the PPO, his ECHS card is not activated.

3. It is directed that the balance / difference of amount will be paid by the veteran through MRO in the Govt treasury in the favour of PCsDA CsDA concerned. This exercise for deposition of the balance / difference of amount of contribution will be carried out by all Regional Centres ECHS and a confirmation to this affect will be sent to this office for perusal of MD ECHS.

4. Forinfo and necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to :

PCDA(Pension)Allahabad
Draupadi Ghat-211014
PCDA (Navy) -Forinfo and necessary action please.
Mumbai - 400001

Telefax: 011-25684846
ASCON : 36830

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2018

10 Oct 2018

IHQ of MOD (Navy)/Dir ECHS (N) Air
HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS

CHANGE INSYSTEM OF REFERRAL : NO REFERRAL TOBE INTHE NAME OF ANY PRIVATE EMPANELLED MEDICAL FACILITY

1. Further to our letter No B/49774/AG/ECHS/Referral/18 dated 03 Aug 18 (copy att).

2. Reports from ESM and discreet investigation shows that the Med Offrs at Polyclinics are still writing the names of the hosp in the referral form. This is clear violation of orders and indicates clear linkages or affiliation of the Med Offrs with the hosp.

3. Strong action should be taken against the Med Offrs for violation of the orders. Details of such referrals be obtained and recovery equivalent to such referrals be made from the defaulting MOs/OIC PCs.

4. A confirmation is requested to be sent to this office by 31 Oct 18.

(Ashok Kumar)
Maj Gen
MDECHS

Encls :- Three pages.

Copy to : -

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS(Navy)/DirECHS(Navy)
DGMS (Air Force) (Med-7)

UTHTSL

Internal

All Secs (Less S&A Sec) - For info.

S&A Sec - Request upload on our website.

Tele : 011-25684847
Email : diropsechs-mod@nic.in
ASCON : 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg,
Gopinath Circle
Delhi Cantt-110010

B/49701-PR/AG/ECHS/2020

27 Aug 2020

IHQ of MoD(Navy)/PDECHS(N)
Air HQ (VB)/DPS
All Command HQs
All Regional Centre (ECHS)

GRANT OF ECHS FACILITIES TO WORLD WAR-II VETERANS, ECOs, SSCOS AND PRE-MATURE RETIREES

1. Please refer the following :

   (a) GoI (MOD) letter No 17(11)/2018/E/D(Res-1) dated 07 Mar 2019
   (b) Central Org ECHS letter No B/49701-PR/AG/ECHS/2019 dated 15 Apr 2019
   (c) Central Org ECHS letter No B/49701-PR/AG/ECHS/2018 dated 09 Oct 2019

2. Approval of the Competent Authority has been accorded and provisions of the letters mentioned at Para 1 (a) & (b) above will be applicable to the PMR category Verification of PMR category applicants withheld vide letter quoted at Para 1 (c) may be carried out based on the following documents/ records held :

   (a) Service/ Discharge Book.
   (b) MRO of ECHS contribution deposited.
   (c) Proof of marriage in case applying for spouse.

3. Following category of PMR cases will be ineligible :

   (a) Discp cases.
   (b) Individual availing any other Govt Health Scheme

4. This office letter mentioned at Para 1(c) may be treated as cancelled.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to

UTI- ITSL (BPA)
MP 5/6 - For necessary action
MP-8 - For necessary dissemination to respective Records Offices.
Director General NCC
Director General SFF.
ADG TA/TA-3
All PCDAs/CDAs All
Records Offices
Directorate General of Indian Coast Guard

Internal

All Secs (Less S&A) - For info pl.
S&A Sec - Request upload the letter on ECHS website.

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

15 Mar 2019

B/49701-PR/AG/ECHS/2019

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
All Regional Centres, ECHS

PRIORITY FOR WAR DISABLED VETERANS AND BATTLE CASUALTIES IN OPD OF ARMED FORCES HOSPITALS

1. Copy of O/o the DGAFMS, MOD letter No 5515/Gen Comp/4E/DGAFMS/DG-3A dated 08 Mar 2019 is enclosed herewith.

2. For your info and necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls: - One page.

Copy to :

All Secs (Less S&A)

S&A Sec - For uploading on our website.

Tele:23093258

Office of the DGAFMS
Ministry of Defence Room No.08, 'M' block New Delhi-110001

5515/Gen Comp/4E/DGAFMS/DG-3A

08 Mar 2019

DGMS (Army)
DGMS (Navy)
DGMS (Air)

PRIORITY FOR WAR DISABLED VETERANS AND BATTLE CASUALITIES IN OPD OF ARMED FORCES HOSPITALS

1. War Disabled Veterans form a very distinguished class of veterans. A large number of War Disabled Veterans/ Battle causalities are amputation cases, amputated due to injuries sustained in war and war like conditions and have restricted mobility. In view of this special disposition, they rightfully deserve certain privileges. AFMS has always remained committed in providing them priority in AFMS hospitals.

2. Henceforth, War Disabled Veterans/Battle Causalities (self only) may be offered Specialist consultation directly at the OPDs of Armed Forces hospitals on OPD days, without obtaining a referral from the ECHS Polyclinics. However, these veterans will continue to avail services of their dependant polyclinic for routine illnesses.

3. Necessary instructions may please be issued to all concerned.

4. This has the approval of the DGAFMS.

(VK Bhatti)
Col
Col AFMS (Health)

Copy to:

COAS Sectt
CNS Sectt
CAS Sectt
SO to AG - for info please
SO to COP SO to AOP MD ECHS
Internal:

DGAFMS DG-1 C - for info of all units under DGAFMS

Tele: 011-25684847
ASCON: 36832
Fax: 011-25684946
Email: diropsechs-rnod@nic.in.

Central OrganisationECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2019

29 May 2019

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India,
Nepal Director General
Indian Coast Guard
Director General NCC
Director General SFF ADG
TA/TA-3

All Regional Centres,ECHS

MANAGEMENT OFECHS BENEFICIARIES INCLUDING PRIORITY AT POLYCLINICS

1. Ref this officer letter No B/49701-PR/AG/ECHS/2018 dt 19 Mar 2019.

2. The following amendments may pl be made in our letter under ref :

For

Para 3 (f) (i) Persons with Disability (PWD) 1995/2016.

Read

Para 3 (f) (ii) Persons with Disability (PWD) 1995/2016 and parents/ attendants when accompanying PWD.

(PK Singh)
Capt (IN)
OffgDir (Ops&Coord)
for MD ECHS

Internal

All Secs(Less S&A)

S&A Sec - For uploading on our website.

Tele : 011-25684847
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

19 Mar 2019

B/49701-PR/AG/ECHS/2019

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General SFF
ADG TA/TA-3
All Regional Centres, ECHS

MANAGEMENT OF ECHS BENEFICIARIES INCLUDING PRIORITY AT POLYCLINICS

1. Refs :-
   (a) This office letter No B/49701/AG/ECHS dated 15 Mar 07.
   (b) This office letter No B/49701-PR/AG/ECHS dated 19 Nov 07.
   (c) This office letter No B/49701/AG/ECHS dated 29 Mar 11.
   (d) This office letter No B/49701-PR/AG/ECHS dated 12 Dec 13.
   (e) This office letter No B/49701-PR/AG/ECHS (i) dated 17 Oct 14.
   (f) This office letter No B/49709-G/AG/ECHS/2016 dt 11 Jan 16.
   (g) This officer letter No B/49701-PR/AG/ECHS/2016 dt 31 Oct 16.
   (h) This office letter No B/49701-PR/AG/ECHS/2016 dt 24 Nov 16.
   (i) This office letter No B/49701-PR/AG/ECHS/2018 at 27 Jun 18.

2. **Med Treatment in ECHS.** ESM and their authorised dependents are provided med treatment through a network of Polyclinics (PCs), Service hosps and civil empanelled hosps/labs/diagnostics: All ECHS beneficiaries (except for emergency cases) seeking med treatment are required to first report to ECHS PCs. In case he/she requires further treatment, he/she is referred to a service hosp in case of a Mil Polyclinic and to a Civil Emp Hosp in case of a Non-Mil Polyclinic or as per instrs of CO ECHS from time to time. In case of emergency, an ECHS beneficiary can report directly to any Emp Hosp (Cashless treatment) & even Non-Emp hosp (in which case he is required to pay upfront and later on claim the expdr in the form of reimbursement as per CGHS rates / actual as entitled).

3. **Mgt of Beneficiaries at PCs**. Based on the ibid process of med treatment, there is a need to regulate the ECHS beneficiaries at PCs within the framework of fwg guidelines :-

   (a) Article 18 of the constitution allows rks to be borne by def personnel even after retirement. In keeping with this provision, it will be ensured that all service norms as per existing service conditions will be scrupulously implemented as being done at other service institutes being frequented by our veterans, ie. OSDS & MH etc.

(b) ECHS is an extension of the medical treatment facilities during service. Service norms will therefore be applicable,

(c) The delivery of benefits under the Scheme continues to be governed by. GoI Policy letters on the subject

(d) Every PC has a different load of beneficiaries and availability of resources based on local eco system. Management of beneficiaries at PCs involves broadly. the activities of reception, registration, consultation with MO and medicine issue. Functional management of PCs is the responsibility of OIC PC under the guidance of Str HQs. Accordingly, **all PCs will regulate priorities of Officers and PBOR. based on resources at their disposal. Wherever possible there should be separate queues for Veterans Officers, JCOs and OR (& equivalent ranks in Indian Navy and Indian Air Force). Similarly, there should be separate waiting rooms for officers, JCOs and OR (and equivalent ranks in sister services) wherever possible,**

(e) All attempts should be made to upgrade PCs with 64kb card system to include dply of Kiosk which shall facilitate 'Queue Mgt' incl online appts.

(f) The fwg categories of beneficiaries will be accorded priority in 'Queue Mgt at PCs as given at Para 9 of SOP on Treatment Mgt in ECHS issued on 28 Sep 2018:

(i) Battle Casualty / War Wounded / Disabled Veterans incl their Spouses.

(ii) Persons with Disability (PWD) 1995/2016..

(iii) Senior Veterans :

(aa) Male - Above 75 years.

(ab) Female- Above 70 years.

(g) Any case of accident / life saving emergency will be given highest priority irrespective of rank as given at Para 16 of SOP on Treatment Mgt in ECHS issued on 28 Sep 2018.

4. Once additional PCs are opened, existing ones with higher footfall are upgraded and more manpower is provided, the waiting period will be substantially reduced and clientele satisfaction will be enhanced,
issued vide our letter ref at

5. These instrs supersede the earlier instrs issued vide our letter ref at Para 1 (a) to (i) above,

(BS Sisodia)
Col Dir (Ops & Coord)
for offg
MD ECHS

Internal:

All Secs

Tele : 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2018

26 Jul 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQ Special Frontier Force
HQ Indian Coast Guard
All Regional Centres (ECHS)

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS): SFF PERSONNEL

1. Further to Central Org ECHS letter No B/49701-PR/AG/ECHS dated 15 Jun 2011 and B/49701- PR/AG/ECHS dated 18 Sep 2012.

2. Applications for ECHS membership in respect of pers of Special Frontier Force (SFF) will also be accepted with the **PPO/discharge book/service document, any other document like discharge certificate issued by Records, SFF,** subject to a certificate clearly amplifying that the indl is drawing pension and the indl has served with SFF for 15 years or more. Indl rank should also be mentioned in such certificate.

3. For online submission of ECHS application, the SFF rank structure will be applicable as per Cabinet Secretariat Order No 1/43/2009-EA.T-2241 dated 08 Jun 2009 (copy attached).

(BS Sisodia)
Col Dir
(Ops&Coord)
for MD ECHS

Encl : One page only.

Internal

All Secs (Less S&A) — For info pl.

S&A Sec — Request upload the letter on ECHS website and amend online ECHS application for SFF pers.

TeleFax : 011-25684846
Mil. 36832

Central Organisation ECHS
Adjutant General's Branch IHQ of
MOD (Army) Thimayya Marg,
Near Gopinath Circle Delhi
Cantt - 110 010

B/49701-PR/AG/ECHS/2019

24 Jun 2019

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/EHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (AECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS

REFUND OF ONE TIME CONTRIBUTION FOR PRE-1996 RETIREES MADE FOR ECHS MEMBERSHIP

Case for refund of one time contribution for ESM who retired prior to 01 Jan 1996 and already deposited ECHS contribution, was taken up with the MoD. MoD vide their letter No 17 (03)/2012-D(WE/ Res-1). dt 14 Jun 2019 has not accepted the proposal on the subject and intimated that refund of contribution is not warranted.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to :

MoD (DoESW)	-	for info pl.
AG Cord	-	for info of AG pl.
DG DC&W Sectt	-	for info of DG (DC&W) pl.
Coast Guard HQ, New Delhi.		
HQ DG (SFF), New Delhi DG		
Assam Rifle		
AMA ECHS, Embassy of India, Nepal	-	for info pl.
Director General NCC		
ADGTA/TA-3		
DIAV		

Internal

All Secs (Less S&A)		
S&A	-	for uploading on our website

Government of India Ministry of Defence
D/o Ex-Servicemen Welfare D(WE/Res-I)

Subject:- Refund of one time contribution for pre-1996 retirees made for ECHS membership - reg.

Reference proposal of CO, ECHS vide note No. B/49701 - PR/Gen/AG/ECHS/2019 dated 22.04.2019 on the subject mentioned above.

1. The proposal has been examined in the Department and found that this is a very old matter which has already been examined earlier and it was felt that refund of contribution already made by ESM who retired prior to 01.01.1996 is not warranted. The position has already been communicated to CO, ECHS vide DoESW letter of even number dated 10.06.2014.

(A K Karn)

Under Secretary(WE)
Tel/Fax: 2301 4946

CO, ECHS

MOD/DOESW ID No. 17(03)/2012-D(WE/ Res-I), dated 14 June, 2019

Tele : 23093258

Office of the DGAFMS
Ministry of Defence
Pin - 908713
C/o 56 APO

5515/Gen Comp/4E/DGAFMS/DG-3A

08Aug 2019

DGMS(Army)

DGMS(Navy)

DGMS (Air)

PRIORITY TO WAR DISABLED VETERANS AND BATTLE CASUALITIES IN OPD OF ARMED FORCES HOSPITALS

1. Refer this office letter No 5515/Gen Comp/4E/DGAFMS/DG-3A dated 08 Mar 2019.

2. Vide letter quoted above War Disabled Veterans/Battle Casualties(self only) have been permitted specialist consultation directly at the OPDs of Armed Forces Hospitals on OPD days without a referral from the ECHS polyclinics, however for routine illness they are to avail services of their dependant polyclinics.

3. Spouse of War Disabled Veterans/Battle Casualties are also hereby permitted to avail the facility of specialist consultation directly at the OPDs of Armed Forces Hospitals on OPD days without a referral from ECHS polyclinics. However they will continue to avail services of their dependant polyclinics for routine illness.

4. This has the approval of the DGAFMS.

(VK Bhatti)
Col
Col AFMS(H)

Copy to:

COAS Sectt

CNS Sectt

CAS Sectt

SO to AG

SO to COP

SO to AOP

MD ECHS

Internal:

DGAFMS/DG-1C-for info of all units under DGAFMS

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2019

22Aug 2019

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
All Regional Centres, ECHS

PRIORITY FOR WAR DISABLED VETERANS AND BATTLE CASUALTIES IN OPD OF ARMED FORCES HOSPITALS

1. Copy of O/o the DGAFMS, MoD letter No5515/Gen Comp/4E/DGAFMS/DG-3A dated 08 Aug 2019 is enclosed herewith.

2. For your info and necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls :- One page.

Copy to :

All Secs (Less S&A)

S&A Sec - For uploading on our website.

Tele Fax: 011-25684846
Mil : 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2019

15 Apr 2019

IHQ of MoD(Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS

EXECUTIVEINSTRS: GRANT OFECHS FACILITIESTOWORLD WAR-II/ SSCOs/ ECOs AND PRE-MATURE RETIREES AND THEIR SPOUSES

1. Refs:-

(a) GoI (MoD) letter No 17(11)/2018/WE/D(Res-1) dated 07 Mar 2019 (Encl-1)

(b) GoI (MoD) letter No 17(11)/2018/WE/D(Res-I) dated 18 Mar 2019 (Encl-2)

(c) GoI (MoD) letter No 17(11)/2018/WE/D(Res-I) dated 12 Apr 2019 (Encl-3).

2. Ex-Servicemen Contributory Health Scheme (ECHS) was introduced vide Government of India, Ministry of Defence letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002. The Scheme was open only to those persons who were meeting twin criteria of being ESM and drawing pension from Defence. The Competent Authority, Govt of India, has now approved grant of membership of ECHS to World War-II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre-mature non pensioner retirees also vide MoD ID No 17(11)/2018/WE/D(Res-1) dated 07 Mar 2019 (Encl-1) with clarification vide MoD ID No 17(11)/2018/WE/D(Res-I) dated 18 Mar 2019 (Encl-2) by waiving off the conditions relating to receipt of pension and being ESM for becoming eligible to receive medicare under ECHS.

3. **Salient Features of Scheme for Non Pensioners.**

(a) They should not have been discharged on disciplinary grounds.

(b) They will have to pay one time contribution and become members of the ECHS. One time contribution will be paid as given out in GoI (MoD) letter No 17(11)/2018/WE/D(Res-I) dated 12 Apr 2019 (Encl-3). **However, war widows shall be exempt from payment of one time ECHS contribution.**

(c) ECHS facilities would be extended only to the **individuals of the above mentioned categories and their spouses. No other dependent will be eligible.**

(d) They must apply for membership of ECHS and accept the Rules of ECHS.

(e) They should not be covered under any other institutional health scheme of the Government.

(f) They should abide by the ECHS rules as amended from time to time.

One Time Contribution.

(i) One time contribution for ECHS membership and entitlement of ward to World War-II, SSCOs, ECOs and Pre-mature Non Pensioner Retirees (PMR) and their spouses are as under : -

Ser No	Rank	One time contribution	Ward entitlement
(aa)	Recruit to Havs & equivalent in Navy & AF	Rs 30,000/-	General
(ab)	Nb Sub/Sub/Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/MACP Nb Sub and Hony Lt Capt)	Rs 67,000/-	Semi Private
(ac)	All Officers	Rs 1,20,000/-	Private

(Note: Only war widow is exempted from one time contribution whereas all others have to make payment).

(ii) One time contribution will be paid through MRO for the specified amount in favour of concerned CDA as per location of Polyclinic of the applicant. List of CDA's is att (Encl-4). A blank MRO (Encl- 5) alongwith sample MRO is also att (Encl-6) respectively for ease of veterans to fill the MRO and deposit one time contribution.

(g) Eligibility Status for Spouses.

(i) Legally wedded spouse.

(ii) Name should be included in the record of service.

(iii) Legally separated spouse is included as long as primary beneficiary is responsible for her maintenance.

(iv) Legally divorced spouse will not be eligible as a dependant.

(v) If the spouse is employed in Govt service then he/ she can only be a member of any one Govt/Public sector medical benefits Scheme and not of two Govt medical Schemes simultaneously.

(vi) If a war widow remarries, then she alone is eligible. Her husband from second marriage will not be eligible.

(h) The following documents of WW-II Veterans, SSCOs, ECOs & Pre-mature retirees will be required as proof for dependency of wife:-

(i) Service particulars (Army No, Rank, Name and unit with served)

(ii) Copy of release/discharge/service book from service. Any other documents which clearly establishes marital relationship.

(j) **WW-II Veterans and ECOs.** The WW-II Veterans, ECOs and their spouses would be allowed all ECHS facilities including treatment & medicines from ECHS Polyclinics, treatment in ECHS empanelled hospitals, and free OPD & IPD treatment facilities at the service hospitals, as available to other ECHS members on cashless basis.

(k) **SSCOs and Non Pensioner Pre-mature Retirees.** SSCOs and non pensioner pre-mature retirees would be eligible for the following facilities:-

(i) Free OPD services including medicines from ECHS Polyclinics.

(ii) **They are not entitled for treatment in AFMS hospitals.** Their ECHS Card / Temp Card till ECHS Card is prepared will be marked 'NOT ENTITLED FOR SERVICE HOSPITALS'.

(iii) Even if a Polyclinic is a Mil Polyclinic, these people will be referred to empanelled hosps as they are not authorised treatment from Service Hosps.

(iv) They must pay for OPD/IPD/Investigations in ECHS empanelled hospitals and seek reimbursement @ 75% of total admissible expenditure for personnel having more than 10 years of service and @ 50% of total admissible expenditure for personnel having less than or equal to 10 years of service. They will have to make payment first to the empanelled hospitals and then claim laid down percentage from ECHS on reimbursement basis as per CGHS rates. Claims will need to be submitted to parent ECHS Polyclinic with claim marked in bold red' REIMBURSMENT CLAIM - NON PENSIONER (SSCO/PMR). They can utilise non empanelled hospitals in emergency on the norms applicable to other ECHS members, make payment and claim applicable percentage as reimbursement on CGHS rates.

(v) This category of persons must scrutinise the bills thoroughly when being prepared by emp hosp as bills will be processed at CGHS rates as applicable from time to time.

(l) **Processing of ECHS Online Applications for Smart Cards**.

(a) The ESM/ Primary beneficiaries of all four categories will fill the application online under any of the following applicablecategories as applicable after selecting 'Non Pensioner' category from the opening menu of 'Online Application Form' :-

(i) WW-II Veterans.
(ii) ECOs.
(iii) SSCOs.
(iv) Pre-matureNon Pensioner retirees.

(b) **Making of Online Payment for Cards.** The ESM / Primary beneficiary will pay online the cost of new 64 Kb ECHS Card at the rate of 177/- Per Card or as applicable from time to time.

(c) **Self Declaration.** The primary beneficiary will have to make a self declaration that the information provided by him is correct in all respect and will be held responsible if at any stage it is established that wrong information was provided. Wrong declaration will also make eligibility for ECHS null and void besides affecting recovery.

(d) **Verification by Record Office.** The online application will be visible to respective Record Office for verification. The Record Office is to carry out necessary verification. In case of any observation, the RO will raise the observation online and the primary beneficiary to rectify and re-submit.

(e) **Printing of Cards.** Once the application is verified by respective Record Office then it will be forwarded online to the vendor for printing of cards.

(f) **Distribution of Cards.** The cards will be forwarded to the Stn HQs to which the selected PCs is affiliated through respective Regional Centre. Once the Cards reach the Stn HQs then an OTP will be generated by the Stn HQ on the registered mobile number for collection of Card. The primary beneficiary to collect the Cards from the Stn HQ's after giving the OTP.

4. **Process till 'Online Application Process' is made Active**.

(a) While provision of 'Online' application is being progressed, some of the beneficiaries of this category may be needing urgent medical support. In such cases, they can submit the application as per Encl-7 to concerned Station HQ after depositing one time contribution as per MRO and can avail entitled benefits. Persons opting through this mode have to apply mandatorily within 30 days of 'Online application' being made active details of which will be available on ECHS website. Once 'online application' is made, 'printout' can be used as temp card after authentication by OIC Polyclinic till card is received.

(b) Applicants will submit the following documents to Stn HQ which will be responsible to verify eligibility and issue of temp card alongwith application as per Encl-7

(i) **Primary Beneficiary**.

(aa) Discharge Certificate.

(ab) Service Particular Booklet.

(ac) Any other document to establish served in Armed Forces.

(ad) PAN Card Number (if held).

(ae) Aadhaar Number.

(af) Photo.

(ag) Bank details with copy of cancelled cheque.

(ah) MRO of one time contribution.

(ak) Mob No planned to be used for Registration.

(ii) **Spouse.**

(aa) Proof of marriage (Part II Order/marriage certificate from Govt agency/any other valid proof).

(ab) PAN Number (if held).

(ac) Aadhaar Number.

(ad) Photo.

(ae) Bank details with copy of cancelled cheque.

(af) Death certificate incase of demise of veterans.

(ag) Mob No planned to be used for Registration.

(c) Temp card will also be endorsed by OIC Polyclinic to commence the treatment.

(d) Other beneficiaries can await 'online application' activation and apply as per specified procedure.

(e) Stn HQ will send report of all such applications to Regional Centre concerned which is turn will fwd the same to Central Org ECHS (Ops Sec).

5. All other procedure and policies of ECHS will be applicable to above mentioned categories in letter and spirit. All relevant details are hosted on the ECHS website www.echs.gov.in.

6. This information may be disseminated to the environment for information of all ECHS beneficiaries under your jurisdiction.

(BS Sisodia)
Col
Dir(Ops & Coord)
for MD ECHS

Encls : 15 pages.

Copy to

MoD (DoESW)	-	1. For info wrt letters at Para 1 above. 2. Exemption of one time contribution for WW-II veterans & ECOS are requested to be considered.
AG Cord	-	for info of AG pl.
DG DC&W Sectt	-	for info of DG (DC&W) pl.

Coast Guard HQ, New Delhi HQ DG (SFF), New Delhi

M/s UTI-ITSL Plot No 3, Sector 11, CBD Belapur, Navi Mumbai Maharashtra - 400614	-	for evolving reimbursement module. UTI Bhawan,
M/s Source DOT Com K7/35, DLF Phase-II, Gurugram, Haryana-122002	-	for modification of application on priority pl. Private Limited,

Internal

All Secs (Less S&A)

S&A Sec	-	1.For uploading on our website. Website be modified for filling new ECHS applications for this category on priority.
	-	2.Bill processing be also streamlined in coord with UTI BPA and Claim Sec, CO ECHS.

No.17(11)/2Q18/WE/D(Res-1) GOVERNMENT OF INDIA MINISTRY OF DEFENCE (DEPARTMENT OF EX SERVICEMEN WELFARE)

B Wing, Room No. 221
Sena Bhavan, New Delhi
Dated 07'" March, 2019

To,
The Deputy Managing Director,
Ex-Servicemen Contributory Health Scheme,
Central Organisation,
Thimaiya Marg, Gopinath Circle, Delhi Cantt

Subject: Grant of ECHS facilities to World War II Veterans, ECOs, SSCOs and pre-mature retirees

1. Approval of the Competent Authority is hereby conveyed for grant of membership of ECHS to World War II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre-mature retirees by waiving off the conditions relating to receipt of pension and being ESMs for becoming eligible to receive medicare under ECHS, subject to the following conditions:

(i) They must apply for membership of ECHS and accept the Rules of ECHS.

(ii) ECHS facilities would be extended only to the individuals of the above- mentioned categories and their spouses.

(iii) They will have to pay one-time contribution and become members of the ECHS. (However, war widows shall be exempt from payment of one-time ECHS (contribution)

(iv) They should not have been discharged on disciplinary grounds.

(v) They should not be covered under any other institutional health scheme of the Government

(vi) They should abide by the ECHS Rules as amended from time to time.

(vii) The WW-II Veterans and ECOs and their spouses would be allowed all ECHS facilities including treatment in ECHS empanelled hospitals, and free OPD and IPD treatment facilities at the AFMS Hospitals, as available to other ECHS members

(viii) The SSCOs and pre-mature retirees would be eligible for the following facilities.

(aa) Free OPD services from ECHS Polyclinics

(ab) They must pay for OPD/IPD/Investigations in ECHS empanelled hospitals and seek reimbursement @ 75% of total admissible expenditure for personnel having more than 10 years of service and @ 50% of total admissible Expenditure for personnel having less than or equal to 10 years of service

2. This issues with the concurrence of MoD (Fin/Pen) vide their ID No 31(02)/2019/Fin/Pen dated 7.3.2019 .

(A.K. Karn)
Under Secretary to the Government of India
Tele: 2301494

Copy to:

1. PS to RM
2. PS to RRM
3. PPS to Secretary, ESW.
4. PPS to Secretary, Defence
5. Secretary, Ministry of Finance (Deptt. of Expenditure)
6. Secretary, Ministry of Law & Justice (Deptt. of Legal Affairs)
7. Cabinet Secretariat w.r.t. their letter No. CCS/10/2019 dated 7.3.2019
8. Dy. MD.ECHS with request to urgently forward draft Govt. Letter on one-time contribution to be deposited by the new beneficiaries.
9. MoD(Fin/Pension)
10. Addl. FA& JS(RK)
11. O/o CGDA
12. DGADS
13. DGAFMS/DG-3A, Room No 4, M Block
14. Director (Medical), Department of Defence

MINISTRY OF DEFENCE

(DEPARTMENT OF EX-SERVICEMEN WELFARE)

Subject: Grant of ECHS facilities to world war-II Veterans, ECOs, SSCOs and pre mature retirees.

Reference CO, ECHS letter No. B/49701-PR/Gen/AG/ECHS/2019 dated 13-3-2019 on the subject noted above.

1. The point wise clarifications are given below.

(a) Clarifications sought by CO, ECHS

Pre 1996 retirees are exempted one time contribution vide MoD letter 17(10)/ 06/US (WE)/D(Res) dated 13th April, 2007. Requests clarify if the same is applicable for World War- II/SSCOs/ECOs and PMR cases.

Clarification

In terms of point No.1(iii) it is clear that exemption from payment of one time contribution has been granted only to war widows. Hence exemption from one time contribution to pre 1996 retirees is not applicable to World War-II veterans/SSCOs/ECOs and PMRs.

(b) Clarifications sought by CO, ECHS

Date of implementation of the order. Since issuing of detailed instructions would involve some time delay (in terms of clarifications and modalities/workflow for processing of application & verification on and issuance of cards).

Clarification

The date of implementation of the order would be 7-3-2019 i.e. the date of issue of orders by MoD.

(c) Clarifications sought by CO, ECHS

Treatment/reimbursement in non empanelled hospitals in case of emergency has not been covered for the SSCOs and PMR cases.

Clarification

Para 1 (viii) makes it clear that SSCOs and PMR would have to pay for OPD/IPD/ investigations in ECHS empanelled hospitals and seek re-imbursement. This would be applicable even in cases in emergency.

(d) Clarifications sought by CO, ECHS

As per GoI letter No.17(10)/06/US(WE)/D(Res) dated 13th April, 2007, BCs are exempted for paying one time contribution. Now the same has not been included in the letter for World War-II/ SSCOs/ECOs and PMR.

Clarification

As clarified in point No.(a) above Battle Casualties are not exempted from paying one time contribution.

2. CO, ECHS is requested to urgently submit Draft Government Letter for issue of orders regarding one time contribution.

(A.K. Karn)
Under Secretary(WE)

Dy. MD, ECHS

MoD ID No.17(11)/2018/WE/D(Res-I) Dated 18-3-2019

No. 17(11)/2018/WE/D(Res-I)
GOVERNMENT OF INDIA MINISTRY
OF DEFENCE
(DEPARTMENT OFEX-SERVICEMENWELFARE)B WING, ROOM
No.221
SENABHAVAN, NEW DELHI

Dated 12th April, 2019

The Chief of Army Staff The Chief of Naval Staff The Chief of Air Staff

Subject: One time contribution for ECHS membership and entitlement of Ward in empanelled Hospitals/ Medical facilities in respect of World War II veterans, ECOs, SSCOs and Pre-Mature Retires.

Sir,

1. In continuation of MoD letter No.17(11)/2018/WE/D(Res-I) dated 7.3.2019, I am directed to convey the sanction of the Government prescribing one time contribution for ECHS membership and entitlement of ward in empanelled hospitals /medical facilities in respect of World War-II Veterans, Short Service Commissioned Officers (SSCOs), Emergency Commissioned Officers (ECOs) and Pre- mature Retirees (PMR) and their spouses as under :-

Ser No.	Rank	One time contribution	Ward entitlement
(a)	Recruit to Havildars of Army & equivalent Ranks in Navy & Air Force	Rs. 30,000/-	General
(b)	Nb Sub/Sub/Sub Maj and equivalent Ranks in Navy & Air Forc (including Hony Nb Sub/MACP Nb Sub and Hony Lt/Capt)	Rs. 67,000/-	Semi Private
(c)	All Officers	Rs. 1,20,000/-	Private

2. All other provisions of this Ministry's letter referred above, unaffected by this order, will remain unchanged.

3. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O. No.31(02)/2019/Fin/Pen dated 12.04.2019.

Yours faithfully,

(A.K. Karn)
Under Secretary to the Govt, of India
Tele Fax: 23014946

Copy to :

1. AG, IHQ of MoD (Army)
2. CGDA, New Delhi
3. MD, ECHS
4. MHA

Copy for information to

1. PS to RM
2. PS to RRM
3. PPS to Secretary, ESW
4. PS to JS(ESW)
5. PS to Addl. FA & JS (RK)

INSTRUCTIONS FOR MILITARY RECEIVABLE ORDER (MRO)

Controller General of Defence Accounts (CGDA) has nominated the following Army Principal Controllers of Defence Accounts (PCsDA)/ Controllers of Defence Accounts (CsDA) for accounting the contribution made in their areas of jurisdiction.

Ser No	Regional Centre	Polyclinic under jurisdiction of Regional Centres	Name to be Entered in MRO Army PCDA CDA
1.	Jammu	Bakloh, Akhnoor, Baramulla, Baribrahmna, Doda, Jammu, Junglot(Kathua), Leh, Pathankot, Poonch, Rajouri, Samba, Shahpur, Srnagar, Talwara, Uchi Bassi, Udhampur, Nagrota (Gujroo),Yol, Mandi, Chamba, Palampur, Kullu, Deragopipur,Kanabal	PCDA (NC) Jammu
2.	Delhi West	Delhi Cantt (BHDC), New Delhi (Lodhi Road), Gurgaon, Shakurbasti, Nuh, Gurgaon(Sohan Road), Khanpur	PCDA (WC) Chandigarh
3.	Delhi East	Noida, Timarpur, Faridabad, Ghaziabad(Hindon),Greater Noida, Palwal	PCDA (WC) Chandigarh
4.	Chandimandir	Chandigarh, Chandimandir, Ropar, Sarkaghat, Mohali, Ludhiana, Jagraon, Sangrur, Patiala, Fatehgarh Sahib, Samana, Nabha, Barnala, Nawansahar, Shimla, Rampur	PCDA (WC) Chandigarh
5.	Jaipur	Alwar, Behror, Hindaun City(Dist Karauli), Mahendragarh, Narnaul, Rewari, Dharuhera, Bharatpur, Bhuwana, Chirawa, Dausa, Jaipur, jhunjhunu, Nim Ka Thana, Sikar, Vidhyadhar Nagar(Sanganer), Kota	PCDA (SWC) Jaipur
6.	Pune	South Pune(Lohegaon), Sindhudurg, Panaji, Sholapur, Ahmednagar, Beel, Latur, Osmanabad, Saugor, Karad, Kolhpur, pune, Orai, Jhansi, Morena, Gwalior, Bhind, Miraj (Sangli), Khadki (Pune), Buldana, jalgaon, Dhule, Devlali, Bhopal, Amravati, Akola	PCDA (SC) Pune
7.	Lucknow	Akbarpur Matti (Kanpur Dehat), Unnao, Barabanki, Hardoi, Lakhimpur(UP), Lucknow, Raebareli, Etawah, Fatehgarh, Kanpur, Agra, Mainpuri, Etah, Barilly, Badaun, Sarsawa, Mathura, Meerut, Aligarh, Muzaffarnagar, Baghpat, Shahjanpur, Moradabad, Hathras, Bijnore, Bulandshshir, Firozabad, Rampur	PCDA (CC) Lucknow
8.	Patna	Ara, Danapur(Patna), Darbhanga, khagaria, Madhubani, Motihari, Munger, Muzaffarpur, Samastipur, Sitamarhi, Siwan, Chhapra, Vaishali, Bhagalpur, Gaya, Sasaram, Buxar	CDA Patna
9.	Jabalpur	Bilashpur, Raigarh, Indore, Mhow, Jabalpur, Satna, Raipur, Rewa, Jagdalpur.Pachmarhi	CDA Jabalpur

10.	Hyderabad	Guntur, Secunderbad, Chittor, Giddalur, Golconda, Ananthapur, Cudapah, Eluru, Golconda, Karimnagar, khammam, Kurnool, Mehbubnagar, Nellore, Secunderabad2 (Bownpally), Vijaywada	CDA Secunderabad
11.	Chennai	Avadi, Chennai, Chennai(island Ground), Cuddolore, Kanchipuram, Thiruvannamalai, vellore, villupuram, Puducherry, Krishnagiri, Kumbhkonum, Nagapattinam, Thanjavur, Tambram	CDA Chennai
12.	Kochi	Alleppey, Kottayam, Kunnamkulam, Thrissur, Iritti, Kalpetta, Kanhaged, Kannur, Perintalmanna,Kozhikode, Kochi, Moovattupuzha, Painavu, Palakkad	JCDA(Navy) Kochi
13.	Guwahati	Agartala, Aizwal, Along, Lunglei, Bongaigaon, Dhubri, Churachandpur, Imphal(Leimakhong), Dibrugarh, Tinsukia, Dimapur, Goalpara, Gawahati, Jorhat, Mokokchung, Lakhimpur, Lanka, Masimpur, Misamari, Shillong	CDA Guwahati
14.	Allahabad	Allahabad, Pratapgarh, Fatepur, Banda, Azmgarh, Faizabad, Gonda, Sultanpur, Ballia, Ghazipur, Jaunpr, Mirzapur, Varanasi, Basi, Deoria, Gorakhpur,	PCDA (CC) Lucknow
15.	Ambala	Ambala, Gohana, Kaithal, Karanal, Kharkhoda, Nrayangarh, Khurkshetra, Panipat, Sonepat, Yamunanagar, Nahan	PCDA (WC) Chandigarh
16.	Coimbatore	Coimbatore, Dindigul, Madurai, Srivilliputur, Theni, Tiruchirapalli, Salem, Sivagangai, Wellington	JCDA(Airforce) Nagpur
17.	Dehradun	Almora, Bageswar, Ranidhet, Banbasa, Dehradun, Dharchula, Vikasnagar, Uttarkasi, Haldwani, Rudrapur, Hempur, Joshimath, Karanprayag(Gopeshwar), Rudraprayag, Kotdwara, Landsdowne, Pauri Garhwal, pithoragarh, Raiwala, Tehri, Roorkee	PCDA (CC) Lucknow
18.	Hissar	Abohar, Bahadurgrah, Bhiwani, Charki Dadri, Didwana, Fatehabad, Hissar, Jhajjar, Jind, Kosli, Lohara, Meham, Narwana, Rohtak, Sampla, Bathinda, Mansa, Bikaner, Churu, Nagaur, Rajgarh, Siirsa.Sriganganagar, Suratgarh	PCDA (SWC) Jaipur
19.	Nagpur	Amla, Nagpur, Wardha, Amravati, Akola, Yavatmal	JCDA (Air force)
20.	Visakhapatam	Angul, Balasore, Bhubneswar, Dhenkanal, Puri, Kakinada, Srikakulam.Vishakapatnam, Ramnathapuram, Port Blair	ACDA (Navy) Visakhapatanam
21.	Mumbai	Mumbai, Chiplun, Mahad, karwar, Mumbai(Upnagar), Thane (Nerul), Vasco-da-gama, COD Kandivali	PCDA(Navy) Mumbai

22.	Kolkata	Barrackpore, Salt lake, Midnapur, Kolkata, Baruipur, Howrah, Benguri, Bankura, Cooch Behar, Gangtok, Kalimpong, Katihar, Krishananagr, Katihar, Krishnanagar, Behrampur, lebong (Darjeeling)	CDA Guwahati
23.	Ahmedabad	Ahmedabad, Ajmer, Barmer(Jalipa), Bhuj, Jaisalmer,Jamnagar, Jodhpur, Shergarh, Pali, Rajsamand,Dungarpur, Vadodra, Surat, Udaipur	PCDA (Air force) Dehradun
24.	Bangalore	Bangalore, Hassan, Belgaum, Bijapur, Dharwad,Gulbarga, Bidar, Tumkur, Yeahanka(Bangalore), Kolar,Madekeri, Manglore, Shimoga, Virarajendrapet, megBanglore, Mysore	CDA Bangalore
25.	Bareilly	Agra, Etah, Firozabad, Bagpat, Bijnor, Muzaffarnagar,Mainpuri, Meeurt.Hathras, Aligarh, Mathura,Moradabad, Rampur, Badaun, Barilly, Bulandshahar,Saharanpur(Sarsawa),Shahjanpur	PCDA Meerut
26.	Jalandhar	Ajnala, Amritsar, Batala, Gudaspur, Beas, Bilaspur,Faridkot, Moga, Muktsar, Ferozpur, Garhshankarn (Mahalpur), Hamirpur, Una, Suranassi, Hoshiarpur, Ghumarvin, Barsar, Jalandhar,Kapurthala, Nawansahar, Phagwara, Sultanpuri Lodhi, Jogindernagar	PCDA (WC) Chandigarh
27.	Ranchi	Behrampur, Bhawanipatna, Koraput, Sambalpur, Chaibasa, Dalatganj, Gumla, Ranchi, Dhanbad, Deogarh, Jamshedpur	CDA Patna
28.	Trivandrum	Changanacherry, Kilimanur, Kottarakara, Mavelikara, Nagarcoil, Pathanamthitta, Ranni, Trivandrum, Trivandrum (Med College), Tuticorin, Quilon (Kollam), Tirunelvli	PCDA Chennai

Appendix A
in lieu of IAFF (A) 507

MILITARY RECEIVABLE ORDER

Bank's Counterfoil (To be forwarded to the CDA)
(To be filled in by MRO issuing authority)

Received a sum of Rs | | | | | | | | | | |

Total (Rs in words)

---- Crores	---- lakhs	-- thousands	--- hundreds	---- Tens	---- units

From ..... (name of the individual/unit/office)

By Cash/Cheque No ..... Date ..... Bank ..... for credit to PCDA/CDA .....

..... on account of ..... as Defence receipts

(Signature of the Issuing Officer)
Unit/Officer

BSR Code	D D M M Y Y	Serial No

Bank Seal

MRO – 0076/107/405/01

Depositor's Counterfoil-1 (To be retained by the Depositor)
(To be filled up by Treasury/RBI/Bank)

Treasury/RBI/Bank ..... Dated .....

Received a sum of Rs .....(Rupees ..... Only)from .....
(individual/Unit/Officer) on account of ..... for credit toPCDA/CDA..... as Defence Receipt

BSR Code	D D M M Y Y	Serial No

Bank Seal

Depositor's Counterfoil-2 (To be forwarded to PCDA/CDA)
(To be filled up by Treasury/RBI/Bank)

Dated .....

Treasury/RBI/Bank .....
Received a sum of Rs ..... (Rupees ..... Only) from.....
(individual/Unit/Officer) on account of ..... for credit to PCDA/CDA ..... as Defence Receipt

BSR Code	D D M M Y Y	Serial No

Bank Seal

Depositor's Counterfoil-3 (To be retained by Stn HQ/Regional Centre)
(To be filled up by Treasury/RBI/Bank)

Dated .....

Treasury/RBI/Bank .....
Received a sum of Rs ..... (Rupees ..... Only) from.....
(individual/Unit/Officer) on account of ..... for credit to PCDA/CDA ..... as Defence Receipt

BSR Code	D D M M Y Y	Serial No

Bank Seal

Appendix A
In lieu of IAFF (A) 507

MILITARY RECEIVABLE ORDER

Bank's Counterfoil (To be forwarded to the CDA.To be filled in by MRO issuing authority)

Received a sum of Rs 1 2 0 0 0 0 /-

Total (Rs in words) **One Lakh Twenty Thousands**

—Crores	01 Lakhs	20 Thousands	—Hundreds	—Tens	—Units

From **SS36701F Capt Kavindra Mathi** (Name of the individual/unit/office in Capital only).
By Cash/Cheque No ..... Date ..... Bank **SBI** for credit to PCDA/CDA, **Sec-Bad** on account of **ECHS** as Defence receipts

(Signature of the Issuing Officer)
\Unit/Officer

BSR Code	D D M M Y Y	Serial No

Bank Seal

MRO-0076/107/405/01

Depositor's Counterfoil-1 (To be retained by the Depositor)
(To be filled up by Treasury/RBI/Bank)

Treasury/RBI/Bank **SBI** Dated .....
Received a sum of Rs **120,000/-** (Rupees **One Lakh Twenty Thousands** Only)
From **SS36701F Capt Kavindra Mathi** (Individual/Unit/Officer in Capital only) on account of **ECHS** for credit to PCDA/CDA **Sec-Bad** as Defence Receipt

BSR Code	D D M M Y Y	Serial No

Bank Seal

Depositor's Counterfoil-1 (To be retained by the Depositor)
(To be filled up by Treasury/RBI/Bank)

Treasury/RBI/Bank **SBI** Dated .....
Received a sum of Rs **120,000/-** (Rupees **One Lakh Twenty Thousands** Only)
From **SS36701F Capt Kavindra Mathi** (Individual/Unit/Officer in Capital only) on account of **ECHS** for credit to PCDA/CDA **Sec-Bad** as Defence Receipt

BSR Code	D D M M Y Y	Serial No

Bank Seal

Depositor's Counterfoil-1 (To be retained by the Depositor)
(To be filled up by Treasury/RBI/Bank)

Treasury/RBI/Bank **SBI** Dated .....
Received a sum of Rs **120,000/-** (Rupees **One Lakh Twenty Thousands** Only)
From **SS36701F Capt Kavindra Mathi** (Individual/Unit/Officer in Capital only) on account of **ECHS** for credit to PCDA/CDA **Sec-Bad** as Defence Receipt

BSR Code	D D M M Y Y	Serial No

Bank Seal

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(Abbroviated as per General Instructions)

3. (a)

Arms/Regt (For Army Only)

Others

(vi) Monthly Income

(b) Aadhar Card No

(C)

tMo(II Birth of Applicant (DD MM YYYY)

Prima1)' Member

5 Date oJ CoP1m1ssionl 81nliir!)fijl (110 Ml/.·YYYY)

6 Date of Retirement/ Discharge !DD MM rYYYI

Parent Polyclinic
Regional Center

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Tehsil

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Tehsil

State

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g Contact delans

(a) Telephone No
M'iUt STD ,:op,)

(o) MooN□-Reg:j

10. Proof of eligibility (attach photo copy of any one)

(a) Discharge Book (b) Service Particular Booklet (c) Any other document to establish served in Armed Force

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Application Regn No

PART-II PARTICULARS OF SPOUSE

Name of SPOUSE (Maximum 20 Characters including space)

Gender (✓) Male Female Citizenship (✓) Indian NDG

Date of Birth (DD-MM-YYYY)

Date of Marriage (DD-MM-YYYY)

Physical Disability Yes No (Ailment) %age

Nature of Disability

Employed Yes No

Monthly Income _____ Aadhar Card No _____ PAN No : _____

Name Mentioned in Service/ Discharge Book (✓) Yes No Blood Group

Drug Allergy (if any)

Contact details

(a) Tele No (With STD code) Mob

(b) E Mail ID :-

Optional

AffixRecentColour PassportsizePhoto of SPOUSE of Pensioner

Self Attested photocopy of following documents have been attached:-

Veteran		Spouse	
Discharge Certificate / Service Particular Booklet / Any other document to establish served in Armed Forces		Proof of marriage (Pt II order marriage certificate from Gov Agency / any other valid proof)	
PAN Card (if available)		PAN Card (if available)	
Aadhaar Card		Aadhaar Card	
Receipt of MRO on onetime contribution (original)		Deathcertificate of Veteran in case of demise	
Self Declaration from veteran or spouse (in case of demise of veteran)			

I, No_____., Rank_____, Name _____solemnly declare that the information furnished above is correct to thebest of my knowledge and belief and if found Incorrect, I will be liable to legal action and termination of membership.

Date:

(Specimen signature/Left thumb Impression of Applicant)

Application Regn No

PART-III DETAILS OF MRO PAYMENT

1. Bank RBI ☐ SBI ☐ Branch
2. MRO No Date of Payment
3. Amount (Rupees)

PART-IVTO BE FILLED BY STATION HEADQUARTERS/ RECORD

1. Category of Ward Private ☐ Semi-Private ☐ General ☐
2. Date of Receipt of Application m
3. Date of validation of Application

Documents Checked (✓) mark against each document

Veteran		Spouse	
Discharge Certificate / Service Particular Booklet / Any other document to establish served in Armed Forces		Proof of marriage (Pt II order / marriage certificate from Govt Agency / any other valid proof)	
PAN Card (if available)		PAN Card (if available)	
Aadhaar Card		Aadhaar Card	
Receipt of MRO on one time contribution (original)		Death certificate of Veteran in case of demise	
Self Declaration from veteran or spouse (in case of demise of veteran)			

5. Receipt issued on ( ) [
6. (a) Checked by by (b) Approved

Registration No _____

RECEIPT FOR DOCUMENTS CUM TEMPORARY RECEIPT EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS) FOR WW-II/EC/SSO/PMR NON PENSIONER VETERANS

1. Received documents from No_____Rank __Name towards application for membership of Ex-Servicemen Contributory Health Scheme (ECHS)

2. Category of Ward (Private Semi Private General

3. Force Type: 4. Regiment/Unit: _____

5. Address with State and Pin Code:

6. Mobile No: 7. Date of Birth:8. Dateof Retirement:

9. **Parent Polyclinic of Pensioner**, MRO No.

10. **VALID UPTO** _____

Place:_____

Date:_____

Office Seal

Signature_____
(Stamp with Rank, Name & Appointment, Officer issuing- Temporary Receipt in lieu of Smart Card)

All photographs to be stamped by issuing Officer.

PENSIONER	SPOUSE
Name: _____	Name: _____
DateofBirth: _____ Aadhar	Dateofbirth: _____ Aadhar

13. ACTIVATION BY

Place: _____office Signature_____

(Seal j (Stamp with Rank, Name & Appointment, OIC Parent Polyclinic)

Date X. *J*

Notes:-

1. All holders of this temporary slip are required to apply online for 64 Kb ECHS Smart Card.
2. This original receipt is required to be returned at the time of collection of Smart Card (s). Receipt will not be destroyed. This will be uploaded at the time of applying online Smart Card.
3. **No Smart Card will be issued if this receipt in original is not produced.**
4. **Deposition of contribution (MRO) as applicable to be ensured prior to isue of this receipt for all Veterans by Stn HQ.**
5. **This receipt will be issued only on verification of discharge book and after verification of eligibility criteria.**
6. **The Original Receipt is valid up to a maximum of SIX MONTHS from the date of issue.**
7. **Slip will be considered activated only after signatures of OIC Parent Polyclinic.**
8. Aadhar verification to be ensured by Polyclinics.

Date: _____

Signature of Veteran / Spouse

SAMPLE OFSELF DECLARATION

I Service No Rank Name (Unit) , solemnly affirm and declare as follows:-

Or

I,_____wife/Father/Mother/Daughter/Son Service No _____Rank _____ Name of (unit) solemnly affirm and declare as follows:-

1. That I am a World War -II veteran / Emergency Commissioned Officer / Short Service Commissioned Officer / Pre-mature Retiree and I am not in receipt of pension.

2. That I have thefollowing legal spouse whose photograph is affixed below on this self declaration certificate:-

Name	Age	Dateof Birth	PartII Order No/CRD/SD/POR No	Photograph
Identification Mark:				

(Photographs(s) to be pasted and signed across by the Applicant)

3. (a) That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.
(b) That my spouse is NOT a member CGHS or any other Govt Scheme.

4. I understand that in case I have submitted any incorrect information, or if any ECHS Membership Card is misused or used by any unauthorised person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorised person(s). I will also be liable for legal action by the ECHS Organisation. I will also immediately report the loss of my ECHS membership card to the nearest Station Headquarters.

5. That in case of any misuse of Smart Cards(s) or tampering with bills or attempt to defraud, once I become a member, I will forfeit my membership automatically.

6. I undertake that in case of any misbehavior, on my part with Polyclinic Staff, my membership may be suspended/cancelled/ terminated.

7. I understand that the contribution I am making is a one time token amount and is not refundable even if I do not make use of any ECHS facility or opt out of ECHS Scheme.

ATTESTATION

Certified that the above statement is declared before me at (Place) ----------on this ---------- day of (Month) -------- Year--------by DEPONENT Service No ----------Rank ----------Name Who is identified by Name ..... S/O (Father's name of Identifier) _____ and witnessed by Name ..... S/O (Father's name of first witness)& Name ..... S/O (Father's nameofsecond witness).

WITNESS

Signature of Witness No.1
1.(Name in Block Capitals)
(Full Postal Address)

Signature of Witness No.2
1. (Name in Block Capitals)
(Full Postal Address)

Tele Fax: 011-25684846
Mil.: 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

31 May 2019

B/49701-PR/AG/ECHS/2019

IHQ of MOD(Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
All Comd HQs (A/ECHS)
All Regional Centres ECHS

ONE TIME CONTRIBUTION FORECHS MEMBERSHIP AND ENTITLEMENT OF WARD IN EMPANELLED HOSPITALS/MEDICAL FACILITIES IN RESPECT OF WORLD WAR-II VETERANS ANDECOs

1. Further to our letter even No dated 15 Apr 2019.

2. There was a need felt to financially support WW-II veterans and ECOs due to their limited Nos and non- pensionary status. Accordingly it has been decided by Competent Authority that 50% of the one time contribution in their respect will be made from AG Welfare Fund and the balance of contribution by the individual.

3. The online process for registration for the WW-II veterans & ECOs will be as follows:

(a) Filling online application & uploading MRO (50% concerned CDA. Of the amount) to concerned CDA

(b) Submitted application goes for verification to Record Office/MP Dte/ DIAV.

(c) After verification by the Record Office temp slip can be generated which is required to be authenticated by OIC parent Polyclinic for use of availing the ECHS facilities as authorised, till issue of the ECHS card.

(d) Thereafter, Central Org ECHS will coordinate with AG Branch/ CW Dte and prepare the MRO for balance 50% and upload the details online for processing the case for printing of the card.

4. The emergency cases requiring Medicare till online process is made active has been illustrated vide Para 5 of Central Org ECHS letter cited at Para 1 above.

(PK Singh)
Capt (IN)
offg
Dir Ops & Coord
For MD ECHS

Copy to:

MoD (DOESW)	-	for info Pl
AG Coord	-	for info of AG Pl
MP DTE	-	For informing Record Offices and necessary action pl.
DIAV	-	For info Pl.

DG DC&W Sectt	-	for info Pl.
Coast Guard HQ, New Delhi		
HQDG (SFF), New Delhi		
DGQA	-	For necessary action Pl. M/s
UTHTSL UTI Bhawan, Plot No 3, Sector 11, CBD Belapur, Navi Mumbai Maharashtra – 400614		
M/s SourceDOT Com Private Limited , K7/35, DLF Phase-II, Gurugram, Haryana-122002		

Internal

All Secs (Less S&A)		
S&A Sec ECHS	-	For uploading on our website. Website be modified for filling new applications for WW-1| Veterans and ECOs on priority.

Tele : 011-25684847
ASCON : 36832
Fax: 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2019

12 Sep 2019

Air HQ PD (DAV)
PD(Navy)
All Comd HQ's (A/ECHS) All
Regional Centres, ECHS

PRIORITY FOR ECHS MEMBERS AND DEPENDENTS ABOVE 75 YEARS AGE IN OPD OF MILITARY HOSPITALS

1. Copy of DGMS (Army), MoD letter No B/76782/ECHS/Policy/ DGMS-5B dated 04 Sep 2019 is enclosed herewith.

2. For your info and necessary action please.

(BS Sisodia)
Col
Dir(Ops & Coord)
for Offg
MD ECHS

Encls - One page.

Copy to :

AllSecs (Less S&A)

S&A Sec - For uploading on our website.

Tele: 23094763/35004

IntegratedHQ of MoD(Army)
Adjutant General's Branch
Dte Gen of Medical Services
(Army) 'L' Block, New Delhi - 110011

B/76782/ECHS/Policy/DGMS-5B

4 Sep 2019

Headquarters
Southern Comd(Med)
Eastern Comd (Med)
Western Comd (Med)
Central Comd (Med)
Northern Comd (Med)
South Western Comd(Med)

PRIORITY FOR ECHS MEMBERS AND DEPENDENTS ABOVE 75 YEARS AGE IN OPD OF MILITARY HOSPITALS

1. It is essential to provide quality health care to our veterans and their dependents, more so as their age increases. The issue of providing direct access to specialist OPDs of military hospitals for ECHS members and their dependents who are above 75 years of age has been agreed by DGMS (Army) for specialist consultation directly at the OPDs of Military Hospitals on OPD days without a referral from the ECHS polyclinics.

2. Henceforth, ECHS members and their dependents who are above 75 years of age are permitted to avail the facility of specialist consultation directly at the OPDs of Military Hospitals on OPD days without a referral from ECHS Polyclinics.

3. This is for your info and dissemination to all units/fmns in your AOR.

(Harpreet Singh)
Lt Col
GSO-1 Med (ESM)
for DGMS(Army)

Copy to:

DGAFMS/DG-3A	-	for info please
AG Coord	-	for info please
Central Org, ECHS Adjutant General's Branch IHQ of MoD(Army) Thimayya Marg, Near Gopinath Circle Delhi Cantt-110010	-	for info.

Tele Fax : 011-25684846
Mi : 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of Mod (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/Gen/AG/ECHS/2019

15 Nov 2019

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS

CONDUCT OFMONTHLY VETERANS MEETING AT ECHS POLYCLINICS

1. Copy of e-mail dated 30 Sep 2019 recd from Veteran Dr Chandra Shekhar P, Member Advisory Committee Sainik Board, Visakhapatnam added to MD ECHS is fwd herewith for your info and necessary action pl.

2. All Comd HQs and Regional Centre are requested to org Monthly Veterans Meeting at ECHS Polyclinics level and fwd feedback of the same to this organisation on monthly basis.

(PK Singh)
Capt (IN)
Offg Dir(Ops&Coord)
for MD ECHS

Encls : As above

Tele Fax: 011-25684846
Mil : 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2019

06 Jun 2019

IHQ of MoD (Navy/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS

ENTITLEMENT TO MEDICAL ATTENDANCE FOR DEPENDENT CHILDREN OF EX-SERVICEMAN PENSIONERS AT SERVICE HOSPITALS

A copy of DGAFMS letter No 16307/18(c)/ESM/DGAFMS/DG-3A dt 04 Jun 2019 is fwd herewith along with its encls for info and necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls : Four pages.

Copy to:

MOD (DoESW)	-	for info pl.
AG Cord	-	for info of AG pl.
DG DC&W Sectt	-	for info of DG (DC&W) pl.
Coast Guard HQ, New Delhi		
HQ DG (SFF), New Delhi		
DG Assam Rifle AMA		
ECHS, Embassy of India, Nepal	-	for infopl.
Director General NCC		
ADGTA/TA-3 DIAV		
Amy Hosp (R&R) Delhi Cantt	-	for info & implementation pl.
Base Hosp Delhi Canttt		

Internal

All Secs (Less S&A)		
S&A	-	for uploading on our website.

Tele : 23003258

16307/18(C)ESM/DGAFMS/DG-3A

DGMS (Army)
DGMS (Navy)
DGMS (Air)

Office of DGAFMS/DG-3A
Room No-8, M Block
Ministry of Defence,
New Delhi - 110001
04 Jun 2019

ENTITLEMENT TO MEDICAL ATTENDANCE FOR DEPENDENT CHILDREN OF EX-SERVICEMEN PENSIONERS AT SERVICE HOSPITALS

1. Ref item No. 1 of Minutes of the PPOC Meeting 02/2019 hold on 13 Mar 19 forwarded vide PPOC Sectt letter No. PPOC/02/2019 dated 16 April 19 (copy enclosed).

2. The entitlement to medical attendance for Ex-Servicemen (ESM) pensioners and their dependents in AFMS hospitals is as per provisions of Para 296(O) of RMSAF 2010 (Revised Version) and is reproduced as under : -

Para	Classes	Medical attendance admissible	Remarks
296(O)	Retired Defence personnel granted status of Ex-serviceman as per notification issued by the Department of Personnel and Training from time to time for the purpose of recruitment in central civil service & posts, their families and the families of deceased service personnel drawing pension of some kind.	(i) Free out patient treatment in nearest Armed Forces hospital concessions will not including the supply of medicine necessary for their treatment. (ii) In-patient treatment in Armed Forces hospital subject to the following conditions : - (aa) That the disease is not incurable (ab) The hospital accommodation could be made available within the authorized number of beds & without detriment to & needs of serving personnel. (ac) That the treatment will be limited to the facilities available locally. (ad) No conveyance will be provided for journeys from the residence to the hospital and back. (ae) No special nursing would be admissible. (af) For inpatient treatment, hospital stoppages will be asper Appendix 5 of RMSAF 2010 (Rev ver)	(i) The scope of the above concessions will not include treatment for pulmonary tuberculosis, leprosy, mental disease, malignant diseases or any other disease for which treatment is not ordinary available from local military sources. (ii) These concessions will not be admissible to the service pensioners who are re-employed in Government or semi-government departments or other public or private sector undertaking which provide medical facilities to their employees. (iii) For this purpose family includes wife and unmarried children/ step children/ adopted children under 18 yrs of age are dependent on the pensioners.

3. RMSAF 2010 (Revised Version) is under review and inputs have been sought from all stake holders by this Dte Gen. A case has also been processed with the MoD/D(Med) to amend Para 296(O) of the RMSAF 2010 (Revised Version) to increase the age of dependent unmarried children/ step children/ adopted children from the present limit of under 18 years to 25 years.

Contd 2/-

4. Formal revision of the RMSAF 2010 (Revised Version) and issue of a Govt Sanction Letter for revision of Para 296 (O) therein will take time in the interim, with immediate effect, entitlement of medical attendance for children of ESM Pensioners in AFMS hospitals will be as under : -

(a) Unmarried and unemployed children/ step children/ adopted children dependent on ESM Pensioners will be provided treatment upto the age of 25 yours.

(b) Unmarried and unemployed children/ step children/adopted children dependent on ESM Pensioners will be issued disability certificate as applicable, upto the age 25 years.

5. This as the approval of the DGAFMS.

(VK BHATTI)

Col
Col AFMS (Health)

Encls: As above

Copy to :-

MoD/D(Med)	
CoAS Sectt	
CNS Sectt	- for info please
CAS Sectt	
PPOC Sectt	- for info wrt your letter no 8232/PPOC/IDS dt 15 May 19
AG Sectt	
COP Sectt	
AOP Sectt	- for info please
Central Org ECHS	

Internal :-

Addl DGAFMS (HR) & Sectt MSAC	- for info please DGAFMC/DG - 3B
DGAFMS/DG - 1C	- for info of units under DGAFMS

Tele : 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg, Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2020

14 Jul 2020

IHQ of MoD(Navy)/PDECHS (N)
Air HQ (VB)/DPS
All Command HQs
All Regional Centre (ECHS)

ECHS FACILITIES FOR MARRIED DISABLED SON

1. Pl refers :

(a) The Gazette of India dt 28 Dec 2016 regarding the Right of Persons with Disabilities Act, 2016 (copy att).

(b) Govt of India, MH & FW, Department of Health & Family Welfare EHS Section letter No 4- 24/96- C&P/CGHS(P)/EHS dt 07 May 2018 (copy att).

(c) Govt of India, MoD (DoESW) letter No 18(77)/2017/WE/D(Res-1) dated 18 Sep 2018 (copy att).

2. A large No of queries are being recd at this HQ regarding auth of ECHS membership to disabled married son under Persons with Disability (PWD). Person with Disabilities Act 2016 was implemented wef 18 Sep 2018 vide Govt orders mentioned at Para 1 (c) above. PWD Act 2016 authorise only unmarried disabled son to avail ECHS benefits.

3. It is further clarified that PWD Act 2016 annuls PWD Act 1995. However Para 102. (1) & (2) of Gazette of India dated 28 Dec 2016 clearly reads that benefits extended under PWD Act 1995 to existing members will continue, even under PWD Act 2016 irrespective of category (Married /unmarried).

4. Anyone joining scheme after implementation of PWD Act 2016 will be purely guided by eligibility criteria as mentioned in PWD Act 2016, subject to applicant meeting the income criteria Rs 9000/- pm plus DA.

5. This office letter No B/49701-PR/AG/ECHS/2020 dated 07 Jul 2020 may pl be treated as cancelled

6. This has the approval of MD ECHS.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls - As above.

Internal

All Secs (Less S&A)	-	For info pl.
S&A Sec	-	Request upload the letter on ECHS website.

(9)04/0007/2003—16 REGISTERED NO. DL-(N)04/0007/2003—16

The Gazette of India EXTRA

ORDINARY

PART II — Section 1
Pts–G◌ PUBLISHED BY AUTHORITY 59

FER28, 2016/91907, 1938 (1997) No. 59] NEW DELH, WEDNESDAY, DECEMBER 28, 2016/PAUSHA 07, 1938 (SAKA)

Separate paging is given to this part in order that it may be filed as a separate compilation.
MINISTRY OF LAW AND JUSTICE
(Legislative Department)

New Delhi, the 28th December, 2016/Pausha 17, 1938 (Saka) The following Act of Parliament received the assent of the President on the 27th December, 2016, and is hereby published for general information:

THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016 (No. 49 OF 2016)

[27th December, 2016]

1. An Act to give effect to the United Nations Convention on the Rights of Persons with Disabilities and for matters connected therewith or incidental thereto. Whereas the United Nations General Assembly adopted its Convention on the Rights of Persons with Disabilities on the 13th day of December, 2006; and whereas the aforesaid Convention lays down the following principles for empowerment of persons with disabilities, respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;

(a) non-discrimination;

(b) full and effective participation and inclusion in society;

(c) respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

(l) salaries, allowances and other conditions of services of the State Commissioner under sub-section (3) of section 79;

(m) the salaries, allowances and conditions of services of officers and staff of the State Commissioner under sub-section (3) of section 79;

(n) the composition and manner of appointment of experts in the advisory committee under sub-section (7) of section 79;

(o) the form, manner and content of annual and special reports to be prepared and submitted by the State Commissioner under sub- section (3) of section 83;

(p) the fee or remuneration to be paid to the Special Public 1P.rosecut or under sub-section(2)ofsection85;

(q) the manner of constitution of State Fund for persons with disabilities under sub-section (1), and the manner of utilisation and management of State Fund under sub-section of section 88;

(r) the form for preparation of accounts of the State Fund for persons with disabilities under sub-section (3) of section 88.

(3) Every rule made by the State Government under this Act shall be laid, as soon as may be after it is made, before each House of the State Legislature where it consists of two Houses, or where such State Legislature consists of one House, before that House.

102. (1) The Persons with Disabilities (Equal Opportunity Protection of Rights and Full Participation) Act, 1995 is hereby repealed.

(2) **Notwithstanding the repeal of the said Act, anything done or any action taken under the said Act, shall be deemed to have been done or taken under the corresponding provisions of this Act.**

Repeal and savings.

File No.18(77)/2017WE/D(Res-1)
Government of IndiaMinistry of Defence
Department of Ex-Servicemen Welfare Sena Bhavan, New Delhi

To,

Dated 18 Sept, 2018

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: **Eligibility of Permanently Disabled Unmarried son of a ECHS Beneficiary to avail ECHS facility**.

Sir,

1. The undersigned is directed to refer to Ministry of Health & Family Welfare OM No.4- 24/96-C&P/CGHS(P)/EHS dated 7-5- 2018 and to convey the approval of the Competent Authority to make the provision of the aforesaid OM of MoH&FW applicable to ECHS beneficiaries in ro dependent unmanned sons of ECHS beneficiaries beyond 25 years of age Wrg definition of 'permanent disability'

2. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their 0.0 No 32(23)/2017/Fin/Pen dated 5-9-2018.

2. This provision shall be effective from the date of issue of this letter.

Yours faithfully, (AK. Kam)
Under Secretary to the Govt. of India

Copy to :

1. AG, IHQ of MoD (army)
2. CGDA, New Delhi
3. MD, ECHS
4. DGADS

Copy for information to

1. PS to RM
2. PS to RRM
3. PPS to Secretary. ESW
4. PS TO JS, ESW
5. PS toAddl FA(RK) & JS

Copy signed in ink to Concerned

PCsDA/CsDA.

No. 4-24/96-C&P/CGHS (P)/CHS

Government of India Ministry of Health & Family Welfare
Department of Health & Family Welfare FHS Section

Nirman Bhawan, New Delhi Dated to 7th May, 2018

OFFICE MEMORANDUM

Subject: Eligibility of Permanently Disabled Unmarried Son of a CGHS Beneficiary to avail CGHS facility - Reg.

1. The undersigned is directed to refer t. this Ministry's Office Memoranda of even number dated 31.05.2007, 29.08.2007 and 02.08.2016 vide which the entitlement of the son of a CGHS beneficiary beyond the age of 25 years was conveyed. As per the two Office Memoranda under reference, it was indicated that an unmarried son of a CGHS beneficiary suffering from any permanent disability of any kind (physical or menta!) will be entitled to CGHS facility even after attaining the age of 25 years.

2. Since then this Ministry is in receipt of several representations for inclusion of more conditions in view of modification to the PWD Act, 1995 by "The Rights of Persons with Disabilities Act, 2016 (Act No. 19 of 2016)" as notified by M/o Law and Justice, Govt. of India on 27.12.2016. The matter has been reviewed by the Ministry and it is now decided that for the purpose of extending the CGHS benefits to dependent unmarried son of CGHS beneficiary beyond 25 years of age, the definition of Permanent Disability h all include the following conditions :

Physical disability:

A. Locomotor disability including

(a) **Leprosy cured person**- suffering from loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity or suffering from manifest deformity and paresis or having extreme physical deformity as well as advanced age which prevents him/her from gainful occupation

(b) **Cerebral palsy** caused by damage to one or more specific areas of he brain usually occurring before, during or immediately after birth.

(c) **Dwarfism-** a medical genetic condition resulting in an adult heigh of 147 cms or less;

(d) **Muscular dystrophy-** a group of hereditary genetic muscle diseases characterized by progressive skeletal muscle weakness

(e) **Acid attack victims**- disfigured due to violent assaults by throwing acid or similar corrosive substance

B. Visual Impairment:

(i) Blindness where a person has any of the following conditions after best correction:

(aa) Total absence of sight or

(ab) Visual acuity less than 3/60 or less than 10/200/Snellen) in the better eye with best possible correction Limitation of field of vision subtending an angle of less than 10 degree

(ii) Low vision" means any of the following conditions:

(aa) visual acuity not exceeding 6/18 or less than20/60 upto 3/60 upto 10/200 (Snellen) in the better eye with best possible corrections; or

(ab) limitation of the field of vision subtending an angle of less than 40 degree up to iu degree

C. Hearing Impairment

(i) "deaf" means persons having 70 db hearing loss in speech frequencies in both ears;

(ii) "Hard of hearing" means persons having 60 db to 70 db hearing loss in speech Frequencies in both ears;

D. "Speech and Language disabilities". permanent disability arising out of conditions such as Laryngectomy or aphasia affecting one or more components of speech and language due to organic or neuronal causes.

II. . Intellectual disability- characterized by significant limitation both in intellectual functioning (reason ng, learning, problem

solving) ana in adaptive behavior, which cover a range of every day, social and practical skills, including., social and practical skills, including-

(a) "Specific language disabilities" - a heterogeneous group of conditions wherein there is deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do the mathematical calculations and includes conditions such as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia

(b) "Autism spectrum disorder- a neuro-developmental disorder typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and frequently associated with unusual or stereotypical rituals or behavior.

III. Mental behavior

"Mental illness". a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgement, behavior, capacity to recognize reality or ability to meet the ordinary demands of lite, but does not include retardation.

IV. Mental Retardation

V. Disability caused due to

(a) Chronic neurological conditions such as
- (i) Multiple Sclerosis
- (ii) Parkinson's disease

(b) Blood disorder
- (i) Thaemophila
- (ii) Thalassemia
- (iii) Sickle Cell Disease

VI. Multiple Disabilities (more than one of the above disabilities)- including deaf blindness

3. **Bench Mark Disability**- unmarried permanently disabled and financially dependent sons of CGIIS beneficiaries suffering 40% or more of one or more disabilities as certified by a Medical Board shall be eligible to avail COUS facilities even after attaining the age of 25 years.

4. This old will be elective from the date of its issue.

(Rajeev Attri)
Under Secretary to the Govt. of India
Tel: 011-2306 1883

To,

1. All Ministries Departments, Government of India
2. Director, CGHS, Nirman Bhawan, Ne: Delhi
3. Addl. DDG(HO), CGHS, MOHFW, Nirman Bhawan, New Delhi
4. AD(HO), CGHS, R.K.Puram, Sector-12. New Delhi
5. All Addl. Directors/Joint Directors of CGHS cities outside Delhi
6. Additional Director (SZ)/(CZ)/(EZ)/(NZ)/MSD), MCTC CGHS, New Delhi
7. JD(HQ), JD (Grievance)/JD (R&H), CGHS, Delhi
8. DDGM)/CMO(SRA), Dte.GHS, MOHFW, Nirman Bhawan, New Delhi
9. RajyaSabha/ Lok Sabha Secretariat, New Delhi
10. Registrar, Supreme Court of India, New Delhi
11. U.P.SC. Dholpur House, New Delhi
12. Office of the Comptroller & Auditor General of India, Pocket-9, Deen Dayal Upadhyaya Marg, New Delhi – 24
13. Director, Department of Pension & Pensioners Welfare, Lok.

14. Nayak Bhawan, KhanMarket, New Delhi
15. PPS D Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
16. PPS TO DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MOHFW, New Delhi
17. MS Section, MOHFW, Nirman Bhawan, New Delhi
18. MG-I Section, Dte.GHS, Nirman Bhawan, New Delhi
19. Hospital Empanelment Cell, CGHS, MoHFW, Nirman Bhawan, New Delhi
20. CGHS-I/II/III/IV, Dte, Gen of CGHS, MoHFW, Nirman Bhawan, New Delhi
21. Estt.I/Estt.II/Estt.III/Estt.IV Section, MoHFV, Nirman Bhawan, New Delhi
22. Admn.I/Admn.II Section, Dte. GHS, MoHFW, Nirman Bhawani, New Delhi
23. IntegratedFinance Division, MoHFW Nirman Bhawan, New Delhi
24. AllOfficers/Sections/Desks in the Ministry
25. Duputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi
26. Shri Umraomal Purohit. Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
27. All Staff Side Members of National Council (JCM) ED(H) Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi
28. Central Organisation, ECHS, Department of Ex Servicemen Welfare, Ministry of Defence,
29. Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
30. CTI-ITSL, 153/1 First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
31. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi with the request to upload this OM on the Ministry's website under the link of CS (MA) Rules -- OMs and Circulars
32. Hindi Section, MoHEW, Nirman Blawan, New Delhi for providing Hindi version of this OM.
33. Guard file

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

30Jan 2020

B/49701-PR/AG/ECHS/2020
IHQ of MOD (Navy)/PD ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ ECHS)
All Regional Centre (ECHS)

ECHS FACILITY TO APS PERSONNEL

It is intimated that the treatment of APS Personnel who are member of ECHS & has applied for New 64 kb Smart Card will continue in all Polyclinics, Service Hosp & Empanelled Hosps till the further order will be issued by this organisation.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs (Less S&A) – For info pl.

S&A Sec website. – Request upload the letter on ECHS

TeleFax : 011-25684846
ASCON : 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

04 Mar 2020

B/49708-GC/AG/ECHS/2020

Directorate General NCC.
Ministry of Defence
West Block -IV, RK Puram
New Delhi-110066

GRANT OF MEDICAL FACILITIES AFTER RETIREMENT : ECHS

1. Pl ref this org letter No B/49708-GC/AG/ECHS/2020 dt 27 Jan 2020 and your letter No 12293/DGNCC/Pers(c) dt 27 Feb 2020.

2. Thefwg amendment may pl be made in this org letter under ref para 1 above :

For

(a) Girl Cadet Instructor (GC1-1) of NCC is eligible for medical treatment under ECHS.

Read

(a) Girl Cadet Instructor (GCI) of NCC is eligible for medical treatment under ECHS.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to :

All Comd HQs
All Regional Centres

Internal
All Sec (Less S&A)

S&A Sec - You are requested to incl GCI category in ECHS website for apply online application for 64 KB ECHS Smart Card at the earliest

Tele : 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt – 110010

28 Jan 2020

B/49701-PR/AG/ECHS/2020

IHQ of MoD (Navy)/PDECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command
(A/ECHS) HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command(A/ECHS)
All Regional Centre (ECHS)

GRANT OF ECHS MEMBERSHIPTOTHE EX-SAILORS, APPOINTMENT PRIORTO 03.07.1976 AND DISCHARGED ON OR AFTER 03.07.1976 ON EXPIRY OF 10 YEARS OF SERVICES, IN THE CONTEXT OF HON'BLE SUPREME COURT OF INDIA ORDER DATED 27.09.2018 IN CONTEMPT PETITION (C) NO. 1860/2017 AND 924/2018 AND MA NO 1067/2018 IN CIVIL APEAL NO. 2147/2011 WITH CONTEMPT PETITION (C) NO. 04/2018 IN SLP (C) NO. 19790/2010- REG

Case for ECHS facility to Ex-Sailors was taken up with Ministry of Defence on 12 Dec 2019. Now the case has been agreed to vide Government of India, Ministry of Defence, Department of Ex-Servicemen Welfare letter No 22D(01)/2020-D (WE/Res-I) dt 21 Jan 2020 is enclosed herewith for your info and necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encl : One

Internal

All Secs (Less S&A)	-	For info pl.
S&A Sec	-	Request upload the letter on ECHS website.

No. 22D(01)/2020-D(WE/Res-I)
Government of India Ministry of Defence
D/oEx-Servicemen Welfare
D(WE/Res-I)

221, B-wing, Sena Bhawan, New Delhi,
Dated the 21 January, 2020

TO,

The Managing Director,
CO,ECHS, Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt. - 110010

Subject:- Grant of ECHS membership to the Ex-Sailors, appointed prior to 03.07.1976 and discharged on or after 03.07.1976 on expiry of 10 years of active services, in the context of Hon'ble Supreme Court of India order dated 27.09.2018 in Contempt Petition (C) No. 1860/2017 and 924/2018 and MA No. 1067/2018 in Civil Appeal No. 2147/2011 with Contempt Petition (C) No. 04/2018 in SLP (C) No. 19790/2010. - reg.

1. With reference to CO, ECHS proposal vide note No. B/49701-PR/Gen/ AG/ ECHS/2019 dated 12.12.2019 on subject mentioned above.

2. Since, the Ex-sailors meet the twin conditions for getting membership of ECHS, the proposal of CO, ECHS to categorize them as "Normal Pension drawing ECHS beneficiaries" is agreed to.

(A K Karn)
Under Secretary to the Govt. of India Tel/Fax: 2301 4946

Copy to:

1. PPS to JS (ESW)
2. AFA (Pension)
3. O/o CGDA, Ulan Batar Road, Delhi Cantt., New Delhi
4. IHQ of MoD (Navy), ECHS office, 6th Floor, Chanakya Bhawan, Chanakyapuri, New Delhi - 110021.
5. Office file.

Tele: 011-25684946
ASCON: 36832
Fax: 011-25684946
mail : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimyya Marg, Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/Gen/AG/ECHS/2021

23 Nov 2011

IHQ of MOD (Navy)/Dir ECHS (N) DAV (Coord)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

ECHS Indian Coast Guard
Directorate General Assam Rifles MP- 8 (1 of R) MP-5&6

DUAL BENEFITS OF FIXED MEDICAL ALLOWANCE AND ECHS MEMBERSHIP

1. It is reiterated that as per policy, dual benefits of Fixed Medical Allowance (FMA) and ECHS Membership cannot be availed simultaneously. FMA has to be foregone before acquiring ECHS Membership. However, vide MOD (DOESW) letter No 22(01)/2011/WE /D(Res-I) dt 01 Nov 2018, sanction has been accorded by the Govt to those ECHS members who reside in districts not having any ECHS Polyclinics, MI Rooms or Service Hospitals to choose to claim FMA with conditions as mentioned in the governing letter.

2. Cases have been brought to the notice of this HQ where ECHS beneficiaries have been availing the benefits of FMA and ECHS simultaneously, whether willingly or inadvertently. This is violation of policy on the subject. Therefore, while receiving new 64KB ECHS cards, the primary ECHS beneficiary will submit a certificate of non- drawal of FMA issued by the bank/CPPC/DPDO.

3. There maybe instances as mentioned at Para 2 above wherein an ECHS beneficiary may have been drawing FMA while also simultaneously being an ECHS member. In such cases, FMA will have to be ceased followed by submission of non drawal of FMA certificate to the Polyclinic. In addition, there will be a requirement to recover the non entitled previously claimed FMA by the PCDA from the ECHS beneficiary.

4. **However, in all such cases, medical benefits through ECHS will immediately commence on submission of the non- drawal of FMA certificate and recovery of previously claimed FMA will not be kept as a condition for commencement/restoration of ECHS benefits**

5. Recovery cases as brought out at Para 3 above will be communicated by the concerned Polyclinic to the ECHS Regional Centre who will further communicate the same to the respective Records Offices to undertake necessary steps with PCDA (P) to effect reimbursement as applicable.

6. The above has the approval of MD ECHS.

7. For necessary action pl.

(Rajesh Dogra)
Col
Dir(Ops &Coord)
for MD ECHS

Copyto –

Internal

Ops & Coord Sec)
P&FC Sec - for info pl.
C&L Sec
Vig Sec - for uploading the letter on ECHS website pl.
S&A Sec

Tele: 011-25684847
ASCON: 36832
FAX: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PRI AG/ECHS/2021

11 Feb 2021

IHQ of MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS
D/AV

GRANT OF ECHS FACILITIESTOWORLD WAR-II VETERANS, ECOS, SSCOS AND PRE MATURE RETIREES

1. Queries are being continuously received from the envt as to under the category of Pre Mature Retirees(PMR) which Orgs/Services are eligible for ECHS benefits. It is clarified that presently PMR of only Indian Army, Indian Navy and Indian Air Force to incl Military Nursing Service (MNS) are eligible for ECHS benefits as promulgated vide CO ECHS letter No B/49701-PR/Gen/AG/ECHS/2020 dt 27 Aug 2020. This dispensation is not applicable to PMR, if any, of other Orgs/Services.

2. For info and necessary action.

(Rajesh Dogra)
Col
Dir(Ops &Coord)
for MD ECHS

Tele : 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2020

8 Sep 2020

IHQ of MoD (Navy)/PDECHS (N)
Air HQ (VB)/DPS
All Command HQs (A/ECHS)
All Regional Centre (ECHS)

64 KB WHITE CARD HOLDER

1. Further to CO ECHS letter No B/49701-PR/AG/ECHS/2020 dated 10 Aug 2020.

2. The fwg amdt may please be carried out in Para 3 of a/m letter :

For

3. White card are issued to a bonafied and entitled dependent after a comprehensive and a thorough scrutiny by various competend authorities at different level as per the existing rules and regulations in consonance and adherence to notification vide Ministry of Defence letter No 18(77)/2017/E/D(Res-i) dated **18 Sep 2019**, circulated to all Comd HQs vide Central Org ECHS letter No B/49701- PR/AG/ ECHS/2018 dated **26 Sep 2016** and PWD Act 2016.

Read

4. White card is issued to a bonafide and entitled dependent after comprehensive and thorough scrutiny by various competent authorities at different levels as per the existing rules and regulations in consonance and adherence to notification issued vide Ministry of Defence letter No 18(77)/2017/WE/ D(Res-1) dated **18 Sep 2018,** circulated to all Comd HQs vide Central Org ECHS letter No B/49701-PR/AG/ECHS/2018 dated **26 Sep 2018** and PWD Act 2016.

5. Rest no change.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs - For info pl

Copy to :
UTHTSL(BPA)

Tele : 011-25684847
ASCON: 36832
Fax: 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg, Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2020

10 Aug 2020

IHQ of MOD (Navy)/PDECHS (N) Air HQ
(VB)/DPS
All Command HQs
All Regional Centre (ECHS)

64 KB WHITE CARD HOLDER

1. It has been brought to the notice of this HQs that some hospitals are demanding affidavits or other authorisation letter, from the entitled 64 kb White Card holder to prove their entitlement. This is contrary to the existing policy. The 64 kb have been issued to the indls after due verification of their entitlement.

2. It is be understood by all concerned that issue of referral by the respective ECHS and production of white card establishes the entitlement of the card holder to all medical treatment as is authorised to an ECHS beneficiary and no other affidavit be asked for billing and admission purposes.

3. White cards are issued to a bonafied and entitled dependent after a comprehensive and a thorough scrutiny by various competent authorities at different level as per the existing rules and regulations in consonance and adherence to notification vide Defence letter No 18(77)/2017/WE/D(Res-1) dated 18 Sep 2019, circulated to all Comd HQs vide Central Org ECHS letter No B/49701-PR/AG/ECHS/2018 dated 26 Sep 2016 and PWD Act 2016.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs (Less S&A)	-	For info pl.
S&A Sec	-	Request upload the letter on ECHS website.

Copy to

UTI-ITSL (BPA)

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation
Ex-Servicemen Contributory Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MOD
Thimayya Marg, Near Gopinath Circle
Delhi Cantt – 110010

11 Aug 2020

B/49701-PR/AG/ECHS/2020

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS
DIAV

DOCUMENTS REQUIRED AS PROOF OF INCOME TO CHECK ELIGIBILITY OF DEPENDANTS FOR ECHS MEMBERSHIP

1. References :

(a) Central Organisation ECHS letter No B/49701-PR/AG/ECHS/2017 dt 27 Sep 2017
(b) Central Organisation ECHS letter No B/49701-PR/AG/ECHS/2017 dt 16 Nov 2017(Not to all)
(c) CO ECHS letter No B/49711-New Smart Card/AG/ECHS dt 29 Apr 2019

2. A policy on eligibility criteria for ECHS membership was promulgated vide letters under reference. Sons are eligible dependents indls. The scheme till they start earning more than Rs 9000/- per month or attaints the age of marriage or get married which so ever is earlier.

3. A large no of representations have been received from veterans regarding changing status of earning of daughter/son of ECHS beneficiaries who are above 18 years of age and working in **Private Sector**. After initial employment, some of them loose their job and remain unemployed for a long time, and are eligible for the scheme being "non-earning' at that time and meeting other criteria of age and marriage. However, due to previous status of "earning", their Form 26AS for the previous two years does not reflect the current status and shows them ineligible for membership.

4. In order to address this anomaly, all dependent sons and daughters may apply for their ECHS cards by providing following documents:

(a) Self declaration by Primary member as per Appx 'A'.
(b) Photocopy of PAN Card of dependent.
(c) Dependent card.

5. Such dependents are permitted to collect cards and retain them till their age/event of inability.

6. However, such dependent will use the medical facility of the scheme only when they have no income or earning less than Rs 9000/- incl DA per month. They will adhere to following guidelines:

(a) Carry a copy of latest qtr Form 26AS alongwith ECHS card when issuing OPD at polyclinic and seeking referral.

(b) Self declaration by Primary member as per Appx 'A'.

(c) Deposit a copy of latest qtr Form 26AS at the empanelled hospital to be submitted along with the expended Hospital Bills or along with bills detect at non empanelled hospitals when admitted in emergency.

7. The cards of dependent sons will be automatically blocked after attending age of 25 years by Central Org ECHS. In case of daughters, the primary member will declare the event of her marriage and seek cancellation of the card at the nearest polyclinic. All such cards will be deposited with the Regional Centre, who will destroy the same by a BOO and maintain a record.

8. This Org letter No B/49711-New Smart Card/AG/ECHS dt 29 Apr 2019 has been superseded from the issued date of this letter.

9. This has the approval of MD ECHS.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls: (As above)

Copy to:

Source Dot Com Private Ltd

- The details of Card destroyed by Regional Centres & fwd by board of officers should be blocked & removed from the system. However, data of such Card should be maintained separately & fwd to Central Organisation, ECHS on six monthly basis.

Internal

All Secs (Less S&A)

S&A - You are requested to upload the ECHS website and copy given to Source Dot Com.

Appx'A'
(Refer to Para 3 of CO, ECHS
letter No B/49701-PR/AG/ECHS/2020)

ECHS SELF ATTESTED CERTIFICATE FOR DEPENDANT ABOVE 18 YEARS OF AGE

1. It is certified that Mr/ Mrs/ Ms ---------- whose photograph is appended is a bonafied dependant of No ----------Rank ----------
Name .....
((Retired) with ECHS Card/Registration No. .....

2. Particulars of Dependent Mr/Mrs/Ms ----------Latest Self
(a) Date of Birth ---------- Attested Photo
(b) Aadhar No ---------- PP Size
(c) PAN Number ---------- (if held)
(d) Copy of 26AS for the following Assessment year : - (if held)
(i) For latest/last quarter only: ----------
(e) Current Address of dependant ----------

3. **It is also certified that Mr Mrs/Ms ---------- does not have any income has income less than Rs 9000 per month plus DA.**

4. It is also certified that Mr/Ms---------- is not married (Not applicable for parents).

5. Not availing any scheme of the Govt.

Note:

(a) The self attested Proforma will be produced whenever required in ECHS polyclinic/empanelled hospital by the beneficiary. The validity of the same will be **ONE Year** from the date of signature.

(b) In case of any change in dependency, the primary Card holder is responsible to cancel the membership of dependent immediately on occurrence by blocking the card on the online portal and intimation to his/her parent/neatest polyclinic. Any false declaration/misuse of benefits will entail suspension/cancellation of ECHS membership of all members.

Signature of Dependant
Place :

(Signature of Ex-Servicemen/Primary Member)
Place :

Tèle: 011-25684847
ASCON: 36832. :
FAX: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2021

07 Sep 2021

IHQ of MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman& Nicobar Command (A/ECHS)
All Regional Centres EHCS
DIAV

DOCUMENTS REQUIRED AS PROOF OF INCOME TO CHECK ELIGIBILITY OF DEPENDANTS FOR ECHS MEMBERSHIP:

1. PL refer to Central Organisation letter No B/49701-PR/AG/ECHS/2020 cate 11 Aug 2020.

2. Following amendment be made to the Self Declaration Form at Appx A of the above quoted letter:

For

It is also certified that Mr/Mrs/Ms is not employed and it having income less than Rs 9000/- per month plus DA.

Read

(It is also certified that Mr/Mrs/ Ms does not have any income/ has income less than Rs 9000/- per month plus DA.)

3. Rest no change.

(PK Singh)
Capt.(IN)
OffgDir(Ops&Coord)
for MD ECHS

Tele: 011-25684847
ESCON: 36832
FAX: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg Near Gopinath Circle
Delhi Cantt - 110010

B/49701-PR/AG/ECHS/2021

30 Jun 2021

IHQ of MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman& Nicobar Command (A/ECHS)
All Regional Centers ECHS
DIAV

DOCUMENTS REQUIRED AS PROOF OF INCOME TO CHECK ELIGIBILITY OF DEPENDENTS FOR ECHS MEMBERSHIP

1. PL refer to Central Organisation letter No B/49701-PR/AG/ECHS/2020 date 11 Aug 2020 (copy attached).

2. It is reiterated that Station HQs/Polyclinics will follow instructions given vide letter under reference while handing over new 64 KB ECHS cards and providing medical cover under ECHS to the ECHS beneficiaries until further instrs.

3. For necessary action pl.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Encls:-As above.

Tele: 011-25684847
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MOD
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt – 110010

14 Jul 2020

B/49701-PR/AG/ECHS/2020

IHQ of MoD (Navy)/Dir ECHS (N) Air HQ
(VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS
DIAV

ELIGIBILITYOF PERMANENTLY DISABLED UNMARRIEDSON OF AN ECHS BENEFICIARY TO AVAIL ECHS FACILITY-REG

Case for Eligibility of Permanently Disabled Unmarried son of an ECHS beneficiary to avail ECHS facility was taken up with Ministry of Defence on 19 Feb 2020. Now the case has been agreed to vide Govt of India. Ministry of Defence, Department of Ex-Servicemen Welfare letter No 18(77)/2017/WE/D (Res-1) dt 08 Jul 2020 is enclosed herewith for your info and necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls : Two.

Internal

All Secs (Less S&A)

S&A - for uploading on our website.

No. 18(77)/2017/WE/D(Res-I)
Government of India Ministry of
Defence
D/o Ex-Servicemen Welfare
D(WE/Res-I)

221, B-Wing, Sena Bhawan, New Delhi
Dated : 8th July, 2020

To,
The Chief of Army Staff,
The Chief of Naval Staff,
The Chief of Air Staff,

Subject :- Eligibility of Permanently Disabled Unmarried son of an ECHS beneficiary to avail ECHS facility. -reg.

Sir,

1. Refer to MoD Letter No. 18(77)/2017/WE/D(Res-I), dated 18:09.2018.

2. In terms of this Ministry's Letter referred above, unmarried permanently disabled and financially dependent sons of ECHS beneficiary, suffering 40% or more disabilities as specified under Persons with Disability (PWD) Act, 2016, will continue to avail ECHS facilities even after attaining the age of 25 years. At present, in cases where disability has occurred after attaining the age of 25 years, such person is not considered as dependent for availing medical facilities under ECHS.

3. I am directed to refer to Ministry of Health & Family Welfare OM No. 4 24/96-C&P/ CGHS(P)/EHS dated 01.01.2020, under which such son(s) above 25 years, in cases where the disability has occurred after attaining the age of 25 years can also be considered as dependent for availing medical facilities under CGHS, subject to fulfillment of all other conditions. In consonance with MOH&FW OM dated 01.01.2020, it has been decided that, in cases where the disability of sons of an ECHS beneficiary has occurred after attaining the age of 25 years can also be considered as dependent for availing medical facilities under ECHS, subject to fulfillment of all other conditions as mentioned in MOH&FW OM No. 4-24/96- C&P/CGHS(P)/EHS, dated 07.05.2018.

4. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their U.O. No. 32(23)/2017/Fin/Pen dated 05.03.2020.

Yours faithfully,

(AK Karn)
Under Secretary to the Govt. of India
Tel/Fax- 2301 4946

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt – 110010

B/49701-PR/AG/ECHS/2020

31Jul 2020

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS
DIAV

GRANT OF ECHS FACILITIES TO WORLD WAR II VETERANS ECOS. SSCOS AND PRE- MATURE RETIREES

1 Refer to this office letter No B/49701-PR/AG/ECHS/2019 dt 09 Oct 2019.

2. Verification of cards in respect of **Pre-mature category (PMR)** has been stopped pending clarification from MoD regarding length of service required for eligibility of this category.

3. It has come to light that at certain places, verification of cards in respect of SSCOS, ECOs & WW-II category are also being held up along intimated that the verification of cards in respect of SSCOS, ECOs & WW-II category to be continued and temporary slip in this regard to be issued to concerned veterans as it is not linked with PMR case.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs (Less S&A)
S&A for uploading on your website.

Tele : 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organization ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg Gopinath circle
Delhi Cantt – 110010

17Nov 2020

B/49701-PR/AG/ECHS/2020

IHQ of MoD (Navy)/PD ECHS (N) '

Air HQ (VB)/DPS
All Command HQs
All Regional Centre(ECHS) DIAV

TREATMENT OFSENIORCITIZENS

1. Ref the u/m letters of Central Org ECHS on the subject : -

(a) B/49701/AG/ECHS dated 15 Mar 2007
(b) B/49701-PR/AG/ECHS dated 19 Nov 2007.
(c) B/49701-PR/AG/ECHS dated 12 Dec 2013.

2. Directions had been issued vide the a/m letters to allow priority in medical attendance to the ECHS male members above 75 yrs and female members above 70 yrs of age in the Polyclinics.

2. Inadvertently, these Veterans above 75 yrs and dependent female members above 70 yrs have been mentioned as 'Senior Citizens', whereas as per Govt norms all citizens over 60 years are referred to as Senior Citizens. Accordingly some Veterans are demanding that priority should be accorded to all members above 60 years being Senior Citizens. The very purpose of priority will be defeated in case all are granted same dispensation.

3. In view of the aforementioned, above quoted letters are superseded. However, the elderly ECHS beneficiaries of under mentioned ages will continue to be given priority for medical attendance at Polyclinics including consultation, check up and issue of medicine as hitherto fore :

(a) Males - 75 yrs & above.

(b) Females - 70 yrs & above.

4. For info and further dissemination please.

(Rajesh Dogra)
Dir
(Ops&Coord)
for MD ECHS

Copy to

All Secs

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army)
Thimayya Marg,
Gopinath Circle
Delhi Cantt - 110 010

07Dec 2020

B/49701-PR/AG/ECHS/2020

IHQ of MOD(Navy)/PDECHS (N)
Air HQ (VB)/DPS
All Command HQs
All Regional Centre (ECHS)

WORKING HOURS :ECHS POLYCLINICS

1. Please ref CO ECHS letter No B/49701-PR/AG/ECHS/2017 dt 25 Jul 2017 and even No dt 01 Dec 2017.

2. Working hours for the Polyclinics have been promulgated vide the above quoted letters wherein it is clearly stated that one MO will always be available to attend to patients even during the administrative hour between 1500hr-1600hr. Even lunch has been directed to be staggered to ensure uninterrupted attending of patients.

3. Complaints and grievances, however, continue to be recd from ECHS beneficiaries regarding unavailability of med attention in Polyclinics after 1500hr.

4. It is once again reiterated that provisions of the letters quoted at Para 1 above will be followed by all Polyclinics with diligence. You are requested to re-emphasis the issue to all Polyclinics under your HQ. No ECHS beneficiary will be denied treatment at Polyclinic even between 1500hr-1600 hr,

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to

All Secs

ASCON: 36832
Fax : 011-25684946
Email : diropsechs-mod@nic.in

Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2020

07 Dec 2020

IHQ of MOD(Navy)/PDECHS (N)
Air HQ (VB)/DPS
All Command HQs
All Regional Centre(ECHS) DIAV

PROVISIONOF REGIONAL CIRTIFICATE FOR ORDINARY

1. It has been observed her in No of ECHS Polyclinics, there is time available to extend additional support to ECHS patient. Bas ed on the capacity, there has been growing request from veterans & their dependents for grant of medical certificate for driving license and other such Govt provided / mandated documents.

2. it has been therefore, decided that all ECHS Polyclinics can issue medical certificate to ECHS members and their dependents f or driving license & other Govt. provided documents between 1600hr to 1600hr working days. This certificate will be provided only if ECHS activities are not adversely effected. No fees will be charged for the purpose. 'SPARSH: facilitation centre at ECHS Polyclinic will facilitate. Decision O/o Polyclinic will be binding on all.

3. RCs to have this content communicated to all Polyclinics.

(BS Sisodia)
Col
Dir(Ops&Coord)
For MD ECHS

Internal

All Secs (less S&A Sec)

S&A Sec - Plupload on ECHS website.

Tele: 011-25684847
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg, Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2020

07Dec 2020

IHQ of MoD (Navy)/PD ECHS (N)
Air HQ (VB)/DPS
All Command HQs
All Regional Centre(ECHS) DIAV

WORKING HOURS :ECHS POLYCLINICS

1. Please ref COECHS letter No B/49701-PR/AG/ECHS/2017 dt 25Jul 2017 and even No dt 01 Dec 2017.

2. Working hours for the Polyclinics have been promulgated vide the above quoted letters wherein it is clearly stated that one MO will always be available to attend to patients even during the administrative hour between 1500hr-1600hr. Even lunch has been directed to be staggered to ensure uninterrupted attending of patients

3. Complaints and grievances, however, continue to be recd from ECHS beneficiaries regarding unavailability of med attention in Polyclinics after 1500hr.

4. It is once again reiterated that provisions of the letters quoted at Para 1 above will be followed by all Polyclinics with diligence. You are requested to re-emphasis the issue to all Polyclinics under your HQ. No ECHS beneficiary will be denied treatment at Polyclinic even between 1500hr-1600hr.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to

All Secs

Tele : 25684946
ASCON : 36831

Central Organisation
Ex Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MOD(Army)
Maude Line, Delhi Cantt -10

B/49701-PR/AG/ECHS

15 Jun 20211

Director General of Security
Office of the IG SFF
East Block-V, Level-IV
RK Puram, New Delhi – 110066

ECHS MEMBERSHIP TO SPECIAL FRONTIER FORCE (SFF) PERSONNEL BELOW OFFICER RANKS : ADMINISTRATIVE INSTRUCTIONS

1. **Reference.** Govt of India MoD letter No 22D(10)/10/US(WE)/D(Res) dated 21 Mar 2011 and discussions during conference at Central Orgnisation, ECHS on 11-12 May 2011.

2. **General**. The Govt of India has approved extension of ECHS cover to SFF personnel below officer ranks vide ibid GOI letter. Organisational details and locations of ECHS Polyclinics are as follows:

(a)	Organisational Chart	-	Appx A
(b)	Locations of existing Polyclinics	-	Appx B
(c)	Locations of additional Polyclinics sanctioned by GOI	-	Appx C

3. **Eligibility.** All retired SFF personnel below officer rank who have rendered 15 years of service and their dependents are eligible to join ECHS. The scheme is compulsory for those who have retired/will retire on or after 21 March 2011. For those eligible personnel who have retired prior to 21 March 2011 the scheme is optional. Eligibility criteria for dependents is as follows:

(a) **Spouse**.

(i) Legally wedded spouse. (More than one spouse and children from the second spouse are not permitted to avail ECHS benefits).

(ii) Name should be included in the record of service.

(iii) Legally separated spouse is included as long as the ESM pensioner is responsible for her maintenance.

(iv) If the spouse is employed in Govt service then he/she can only be a member of any one Govt/Public sector medical benefit Scheme and no le a simultaneous member of two Govt medical schemes.

(v) If a war widow remarries, then she alone is eligible. Her husband and children from him will not be eligible.

(vi) in case the ESM pensioner marries after retirement, following documents will be required as proof for dependency of wife:

(aa) Marriage certificate from Marriage/Municipal committee

(ab) Fresh ECHS Application Form for enrolling the spouse as a dependent.

(ac) Part II orders/Gen Form/Personal Occurrence published.

(b) **Sons.**

(i) His/their details must be included in the pensioner's record of Service.

(ii) His total income from all sources should not exceed Rs 3500/- plus DA per month.

(iii) Son(s) above 25 years of age are not eligible to be dependent(s) in ECHS.

(iv) In case sons(s) is/are born after the pensioner's joining the ECHS, the following documents will be required to enable the child to be declared as a dependant and to become entitled to ECHS benefits:

(aa) Birth Certificate.

(ab) Fresh ECHS Application Form to enroll him as a dependent.

(ac) Part 1| Orders/Gen Forms/Personal Occurrence are required to be published stating birth of the child or an Affidavit as per Appendix 'D' by the widow in case the ESM pensioner could not get Part 11 Orders published for birth of his children.

(v) **Son(s) with permanent Disability**. Son(s) suffering from permanent physical or mental disability and unable to earn their livelihood are permitted to be dependents for life time, irrespective of age limit. The disability is to be certified, by either a service Classified Special tor a Civil surgeon. Format of disability certificate is at Appendix 'E'.

(c) **Daughters**.

(i) Her/their details must exist in there cord of Service of pensioner.

(ii) Unmarried as well as divorced abandoned/daughter(s) with total income from all sources less than Rs 3500/- plus DA per month.

(iii) Widowed daughters who are dependant on the pensioner and whose income from all sources is less than Rs 3500/- plus DA per month are entitled.

(iv) In case where the daughter(s) is/are born after the pensioner's joining the ECHS, the following documents will be required as proof of dependency:

(aa) Birth Certificate.

(ab) Fresh ECHS Application Form to enroll her as a dependent.

(ac) Part II Orders/Gen Forms/Personal Occurrence stating birth of the child or an Affidavit as per Appendix 'D' by the widow in case the ESM pensioner could not get Part II Orders published for birth of his children.

(d) Parents. Father and Mother of the pensioner shall be deemed to be dependent if they normally reside with the ESM pensioner, and their combined income from all sources is less than Rs 3500/- plus DA per month. If both husband and wife are Defence personnel, parents of both members are eligible if both pay subscription subject to meeting dependency criteria.

(e) Specific Conditions for continuance of Eligibility. In case an ESM pensioner (male/ female) has declared his/her parents as dependents, they shall continue to receive ECHS benefits for their life time, subject only to the condition that their joint income from all sources does not exceed Rs 3500/- plus DA per month from all sources. In the event of the male pensioner's death, the widow shall be covered as she will start drawing family pension but, her parents will NOT become eligible as dependents. However, parents of the deceased pensioner, if already enrolled as dependants, would continue to enjoy benefits of the ECHS in the event of death of the ESM pensioner, provided their joint income from all sources does not exceed Rs 3500/- plus DA per month.

4. ECHS Contribution. War widows, battle casualties and pre 1996 retires are exempted form one time ECHS contribution. The rate of contribution for others is as follows:

Ser No	**Rank structure of SFF**	**Grade Pay**	**Rateof onetime contribution**
(a)	Recruits to Asst Ldr	Rs. 1800/-, Rs. 1900, Rs. 2000/- Rs.2400,-and Rs. 2800 per month	15,000/-
(b)	Dy Ldr/RT Lama	Rs. 4200/- per month	27,000/-
(c)	Coy Cdr to Dapon	Rs. 4600/-, Rs. 4800/-, Rs. 5400/- and Rs. 6600/- per month	39,000/-

5. Payment of Contribution. HQ SFF to take up with pension Disbursing Authority (Central Pension Accounting Office (CPOA), Trikoot-1, Bhikaji Cama Place, New Delhi) to deduct the contribution as mentioned in Para 4. The contribution of persons retiring after the date of issue of this letter will be deducted directly under the arrangements of HC SFF. The payment of contribution will be deposited through MRO in favour of PCDA, Western Command.

6. Processing of ECHS Application. The following steps will be taken for smooth processing of applications:

(a) A copy of application form is at Appx F. Forms can also be downloaded form internet website www.indianarmy.nic.in/echs/arechs.htm.

(b) Submission of Completed Application Form. The duly filled applications are to be submitted alongwith copies of under mentioned documents to Records Office of SFF for verification:

(i) Pension Payment Order (PPO) duly attested by Bank/Treasury from where pension is being drawn.

(ii) Discharge Certificate.

(iii) Two copies (in original) of the MRO as proof of deposit of contribution.

(iv) Affidavit duly notarized as per format att with application.

(v) Bank draft @ Rs 135/- for smart card for each beneficiary (member plus dependents) in favour of Director, Regional Centre ECHS, Delhi Cantt.

(c) The applications duly verified will be forwarded by HQ SFF to Central Organisation, ECHS. HQ SFF is to centrally forward duly completed application forms to Regional Centre ECHS, Delhi Cantt through Central Organisation, ECHS for processing of ECHS smart cards.

7. **Regional Centre ECHS**. Regional Centre ECHS, Delhi Cantt will be responsible for processing of application received from HQ SFF and process them as is being done now in respect of other pensioners. The Regional Centre ECHS, Delhi Cantt will ensure preparation of smart card by SITL and process them to ECHS Cell at HQ SFF for distribution.

8. All other procedure and policies of ECHS will also be applicable to Special Frontier Force pensioners in letter and spirit.

(A Srivastava)
Gen
MD ECHS

Appces :

A. Organisation chart and Tele Nos of Regional Centre ECHS.
B. Location of existing Polyclinics.
C. Location of additional Polyclinics.
D. Format of affidavit for stating birth of child.
E. Format of disability Certificate.
F. Application Form along with affidavit format.

Tele: 011-25684847
ASCON: 36832
Fax : 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2018

19 Jul 2021

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
All Regional Centres, ECHS

DRAWAL OF FMA BY ECHS MEMBERS

1. It has come to light that many veterans are drawing FMA and also availing ECHS card facilities in contravention against Govt orders. This practice is to cease forthwith. Strict action will be taken against defaulters.

2. Regional Centres ECHS/Stn HQs/Polyclinics are requested to ensure cards of defaulters to be blocked till receipt of stoppage of FMA from bank.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy To:

MOD(DoESW), US (WE) — for information write MOD ID No 18(225)/2019/ dated 24 Jun 2019

Ravindra Pathak (raviwarsha@gmail.com) — for information write your Email dated 06 Jun 2019.

Internal

All Secs{Less (S&A)}

S&A Sec - For uploading on our website

.

Tele: 011-25684847
ASCON: 36832
FAX: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2021

01 Sep 2021

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

MANAGEMENT OF ECHS BENEFICIARIES INCLUDING PRIORITY AT POLYCLINICS

1. Pl refer to Central Organisation letter No B/49701-PR/AG/ECHS/2019 dated 19 Mar 2019 and even No dt 29 May 2019.

2. Instances have been highlighted to this HQ where War Disabled ECHS beneficiaries have not been accorded due consideration and empathy in the spirit of letters mentioned at Para 1 above.

3. It is requested that all subordinate HQs maybe sensitized to accord appropriate consideration to the War Disabled beneficiaries at respective Polyclinics in providing priority and ease of service to them.

4. For necessary dissemination pl.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Tele: 011-25684847
ASCON: 36832
Tax: 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110010

B/49701-PR/Gen/AG/ECHS/2021

10 Dec 2021

All Regional Centres ECHS

ELIGIBILITY OF PERMANENTLY DISABLED UNMARRIED SON OF A ECHS BENEFICIARIES TO AVAIL ECHS FACILITY

1. Ref MoD (DoESW) letter No 18(77)/2017MWE/D(Res-1) dt 18 Sep 2018 on the subject (copy encl).

2. It is reiterated that ECHS benefits are entitled to dependent disabled son beyond 25 yrs of age subject to the following eligibility conditions:

(a) His disability should not be less than 40%.

(b) The disability should be listed in PWD Act 2016.

(c) He should be unmarried.

(d) He should be financially dependent and his income should be less than Rs 9000/- per month plus DA thereon

3. Applications are being regularly received through Regional Centres for grant of special sanction of the MoD for sons of ECHS beneficiaries who suffer from medical conditions not listed in the PWD Act 2016 and who do not meet the eligibility criteria. Directors Regional Centres are advised to scrutinize the applications for their eligibility as per the extant policy.

4. Cases not meeting the eligibility criteria may be considered to be processed in extreme compassionate cases on deserving grnds for obtaining special sanction of MoD as rare cases.

5. For information and compliance pl.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Tele: 011-25684847
ASCON: 36832
FAX: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army).
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

B/49709-FMA/AG/ECHS/2021

02 Dec 2021

All Regional Centres ECHS

FIXED MEDICAL ALLOWANCE TO ELIGIBLE ECHS BENEFICIARIES

1. Refer MoD (DoESW) letter No 22(01)/2011/WE/D(Res-1) dt 01 Nov 2018 (copy att)

2. The provisions of the above mentioned letter entitles those ECHS beneficiaries to claim Fixed Medical Allowance (FMA) who are residing in districts not covered by ECHS Polyclinic/ Armed Forces Hospital/MI Rooms upgraded to accommodate ESM.

3. It has been conveyed by MOD, Department of Ex Servicemen Welfare that they are in receipt of grievances from ECHS beneficiaries representing that FMA is not granted/ credited to those ECHS Beneficiaries who are residing in the districts eligible for FMA and also when these ECHS Beneficiaries have exercised the option to avail FMA benefits in accordance with policy provisions as promulgated vide letter mentioned at Para 1 above.

4. It Is therefore, essential that necessary measures be instituted by the Regional Centres to conduct random verification of Ex Servicemen domiciled in those districts where FMA is allowed to be claimed to identify the aggrieved ECHS beneficiaries, if any, as per Para 3 above. All eligible and willing ECHS beneficiaries to be advised and guided on the procedure to avail FMA benefits should they choose to avail the same.

5. Details of cases processed for FMA must be included in the Monthly Feedback Report.

6. For necessary action please.

.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Encls: -As above.

Tele : 25684946
ASCON : 36832

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Line, Delhi Cantt --10

B/49701-PR/AG/ECHS

Sep 2011

IHQ of MoD (Navy) /Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

GRANT OF EX-SERVICEMEN (ESM) STATUS TO CADETS

1. It has been clarified by the Govt of India, Min of Def vide their letter No 12/1/2005/D(Res) dated 05 Sep 2011 that ex-cadet/disabled cadet who were boarded out on medical grounds do not have ex-servicemen status.

2. You are requested to disseminate the same at all levels.

(Vivek Bhatt)
Col
Dir(Ops & Coord)
for Offg MD ECHS

Copy to:

All Stn HQ

Internal:

Dir (Med)
Dir (P&FC)
Web JCO Vj

Ministry of Defence Department of Ex-servicemen Welfare D(Res-I)

Subject: Grant of Ex-Servicemen (ESM)status to cadets

1. Reference AG's Branch (PS Dte/PS-5) letter No. B/38207/Ex-Gratia/AG/PS-dated 08.08.2011 on the above subject.

2. The proposal for granting ex-servicemen status (ESM) to ex-cadets who were boarded out on medical grounds has been examined. The competent authority has not approved the proposal to grant Ex-Servicemen status to disabled cadets.

(Supriyo Mukherjee)
Under Secretary Res-I)

Dy Dir, AG/PS-5, AG's Branch

MODID No. 12/1/2005/D(Res) dated 02.09.2011

Copy to:

COPAOP

Dir (Pension)US

(Res-II)DGR
KSB

ÉCHS

Tele Fax: 011-25684846
Mil : 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army) Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2019

25 Nov 2019

AMAECHS, Embassy of India Nepal

GRANT OF FIXEDMEDICAL ALLOWANCE (FMA) TO EX-SERVICEMEN PENSIONERS AND FAMILY PENSIONERS, WHO ARE ECHS MEMBERS AND RESIDING IN DISTRICTS OF NEPAL NOT COVERED BY ECHS POLYCLINICS /ARMED FORCES CLINICS/MI ROOMS UPGRADEDTO ACCOMMODATE ESMs

A copy of Govt of India, MOD ID No 22 (1)/2011/WE/D(Res-1) dt 19 Nov 2019 is fwd herewith for your info and further necessary action please.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to :

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

AG Cord	- for info of AG pl.
DGDC&W Sectt	- for info of DG (DC&W) pl.
DIAV	- for info pl.
MoD (DoESW)	- for info wrt MOD ID No 22(01)/2011/WE/D(Res-1) dated 19 Nov 2019.

Internal

All Secs (Less SSA)

S&A - for uploading on our website.

No. 22(01)/2011/WE/D(Res-1)
Government of India
Ministry of Defence
D/0Ex-ServicemenWelfare
D(WE/Res-I)

221, B - Wing, Sena Bhawan, New Delhi,
Dated : 19 November, 2019

To,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject :- Grant of Fixed Medical Allowance (FMA) to Ex-Servicemen Pensioners and Family pensioner, who are ECHS members and residing in districts of Nepal not covered by ECHS Polyclinics/Armed Forces Clinics /MI Rooms upgraded to accommodate ESMs.

Sir,

1. Further to Govt. of India, Ministry of Defence, D/o Ex-Servicemen Welfare Order No. 22(01)/2011/WE/D(Res-I) dated 01 November, 2018.

2. I am directed to convey the sanction of the Government for incorporation of list of Districts of Nepal as Appendix B at Para 6 of ibid Govt. order to the payment of Fixed Medical Allowance (FMA) to Nepal domiciled Ex-Servicemen Pensioners and Family pensioners, who are ECHS members and residing in Districts of Nepal not covered by ECHS Polyclinic/ Armed Forces Hospital / MI Rooms upgraded to accommodate ESMs as per existing terms & conditions covered in Govt. Order as quoted at para 1 above.

3. This order will come into effect from 1st of subsequent month from the date of issue.

4. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their ID Note No. 33(145)/12/Fin/Pen dated 31.10.2019.

(AK Karn)
Under Secretary to the Govt. of India
Tel/Fax - 2301 4946

Copy to:

1. AG, IHQ of MoD (Army)
2. COP, IHQ of MoD (Navy)
3. AOA, Air HQ (VB)
4. CGDA, New Delhi
5. MD, ECHS
6. DGADS

Copy for information to:

7. SO to RM
8. PS to RRM
9. PPS to Secretary (ESW)
10. PPS to FA (DS)
11. PS to JS (ESW) PS to Addl.
12. FA & JS (RK), MoD (Fin).

APPENDIX 'B' TOMODORDER NO 22/01/2011/WE/D/Res-1) dated 19.11.2019

LIST OF DISTRICTS OF NEPAL NOT COVERED BY ECHS POLYCLINICS / ARMEDFORCES CLINICS /MI ROOMS UPGRADED TOACCOMMODATEESMs

Sr No		Districts of Nepal	State of Nepal	No of Districts of Nepal Not Covered by ECHS Polyclinics /Armed Forces Clinics / MI Rooms Upgraded to Accommodate ESMS
1	1	Solukhumbu	Province No 1	13
2	2	Sankhuwasabha		
3	3	Taplejung		
4	4	Okhakdhunga		
5	5	Khotang		
6	6	Bhojpur		
7	7	Tehrathum		
8	8	Panchthar		
9	9	Udaypur		
10	10	Dhankuta		
11	11	Ilam		
12	12	Morang		
13	13	Jhapa		
14	1	Parsa	Province No 2	8
15	2	Bara		
16	3	Rautahat		
17	4	Sarlahi		
18	5	Mahottari		
19	6	Dhanusha		
20	7	Siraha		
21	8	Saptari		
22	1	Bhaktapur	Province No 3	12
23	2	Lalitpur		
24	3	Rasuwa		
25	4	Sindhupalchok		
26	5	Dolakha		
27	6	Ramechhap		
28	7	Sindhuli		
29	8	Kavrepalanchok		
30	9	Makwanpur		
31	10	Chitwan		
32	11	Dhading		
33	12	Nuwakot		

… 2/-

34	1	Baglung	Gandaki Pradesh	10
35	2	Gorkha		
36	3	Lamjung		
37	4	Manang		
38	5	Mustang		
39	6	Myagdi		
40	7	Nawalpur		
41	8	Parbat		
42	9	Syangja		
43	10	Tanahun		
44	1	Bardiya	Province No 5	12
45	2	Banke		
46	3	Dang		
47	4	Rolpa		
48	5	Rukum		
49	6	Baglung		
50	7	Pyuthan		
51	8	Arghachanchi		
52	9	Kapilbastu		
53	10	Pupandehi		
54	11	Palpa		
55	12	Gulmi		
56	1	Dailekh	Karnali Pradesh	10
57	2	Dolpa		
58	3	Humla		
59	4	Jajarkot		
60	5	Jumla		
61	6	Kalikot		
62	7	Mugu		
63	8	Salyan		
64	9	Surkhet		
65	10	Western Rukum		
66	1	Achham	Sudur pashchim	9
67	2	Baitadi		
68	3	Bajhang		
69	4	Bajura		
70	5	Dadeldhura		
71	6	Darchula		
72	7	Doti		
73	8	Kailali		
74	9	Kanchanpur		
Grand Total				74

Tele: 011-25684847
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS Ex-Servicemen, Organisation Health Scheme,
ECHS Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines, Delhi Cantt – 110010

04 Jun 2010

B/49701-PR/AG/ECHS/2020

IHQ of MoD (Navy)/PD ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

PRIORITY TREATMENT OF WAR DISABLED AT ECHS POLYCLINICS

1. Though limited in numbers, war-disabled Veterans forms an esteemed part of the ECHS fraternity. Having lost limbs in battle. it is not possible to queue-up for the durations. It has therefore been decided to accord them our priority in Organisation associated and issue conederies.

2. The is requested that war disables Veterans o a registration/consultation/medicine issue. It is requested that war disabled Veterans be associated priority in registration/ consultation/ medicine issue.

3. You are requested to pass suitable instructions to all concentrated.

(AK DEV)
Col
Dir(Ops & Coord)
for MD ECHS

Copy to: PS to Sectt ESW
PS TO JS (ESW)
Indian Ex-Servicemen League
Indian Ex-Servicemen Movement
and action as stated above.

Internal:
All Regional Centers

Tele Fax: 011-25684846
Mil: 36832

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110 010

11 Mar 2019

B/49701-PR/AG/ECHS/2019

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS
DirectorateGeneral of Assam Rifles (DGAR)

GRANT OF ECHS FACILITIESTOASSAM RIFLES PENSIONERS ANDTHEIR DEPENDANTS RESIDING IN INDIA AND NEPAL

1. **Introduction**. Ex-Servicemen Contributory Health Scheme (ECHS) introduced vide Government of India, Ministry of Defence letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002 has further been extended to the retired personnel of Assam Rifles pensioners and their dependants residing in India and Nepal, through a Corrigendum issued vide Government of India, Ministry of Defence letter No 17(17)/2015/WE/D(Res-1) dated 05 Feb 19 and even No dated 05 Mar 2019 (copy attached).

2. **Applicability**. For Assam Rifles pensioners and their dependants, the following conditions will be applicable:

(a) They must be in receipt of **Pension/Family Pension/Disability Pension drawn from Assam Rifles pension disbursing authority.**

(b) They must request for membership of ECHS and accept the Rules of ECHS as applicable.

(c) They must not be members of CGHS. However, those who have already joined CGHS and wish to switch over to ECHS will have to first surrendered their membership of CGHS and submit documentary evidence duly countersigned by CGHS authorities (format of certificate att) in support thereof at the time of applying for ECHS membership. This certificate must be uploaded in the online application for ECHS Card. However, they will not have to pay contribution again for ECHS membership subject to having paid the full amount of applicable contribution of CGHS are as under :

Ser No	Corresponding levels in the Pay Matrix as per 7th CPC	Contribution (Rs pm)
(i)	Level: 1 to 5	250
(ii)	Level: 6	450
(iii)	Level: 7 to 11	650
(iv)	Level: 12 & above	1000/-

In case of any bal amount against ibid contribution, the same will be paid through MRO and necessary docu in sp of the payment will be submitted online while applying for ECHS membership. Such a shift / switch will be allowed only once and no reversion will be permitted thereafter. At no point in time, they should be member of both the Schemes (ECHS and CGHS) simultaneously. They will also have to forego Fixed Medical Allowance (FMA) if they were in receipt of the same. A certificate to this effect will be read from the individuals pension disbursing bank.

(d) Non CGHS members will have to make the one-time contribution to become ECHS member as applicable to their grade / rank as under : -

Ser No	**Ranks**	**One time Contribution**	**Ward Entitlement**
(i)	Recruit to Warrant Offr	Rs 30000/-	General
(ii)	Nb Sub to Sub Maj	Rs 67000/-	Semi Private
(iii)	All Officers	Rs 120000/-	Private

(e) War widows, battle casualties and pre 01 Jan 1996 retirees shall be exempted from payment of one time ECHS contribution.

(f) All AR retirees and their dependants shall continue to be eligible for treatment in all AR hospitals / clinics as at present. However, no treatment will be administered at AFMS Hospitals

3. **Eligibility Status for Dependants**. The following categories qualify to be eligible as "dependants" of Assam Rifles pensioners : -

(a) **Parents.** Father and Mother of the pensioner shall be deemed to be dependent if they are normally residing with the Assam Rifles pensioner and their combined income from all sources is less than Rs 9,000/- per month excluding dearness allowance (DA).

(b) **Spouse**

(i) Legally wedded spouse. (More than one spouse and children from the second spouse are not permitted to avail ECHS benefits).

(ii) Name should be included in the record of service.

(iii) Legally separated spouse is included as long as the AR pensioner is responsible for her maintenance.

(iv) Legally divorced spouse will not be eligible as a dependant.

(v) if the spouse is employed in Govt service then he/she can only be a member of any one Govt/Public sector medical benefits Scheme and not a simultaneous of two Govt medical Schemes.

(vi) If a war widow remarries, then she alone is eligible. Her husband and children from second marriage will not be eligible.

(vii) In case the AR pensioner marries after retirement, following documents will be required as proof for dependency of wife : -

(aa) Marriage certificate from for enrolling Registrar of Marriage/ Municipal Committee.

(ab) Part II orders/ Gen Form / Personal Occurrence Published.

(c) **Sons.**

(i) His/ their details must be included in the pensioner's PPOI Discharge Book issued from Assam Rifles Records, Shillong.

(ii) His total income from all sources should not exceed Rs 9,000/ excluding DA per month.

(iii) Son(s) above 25 years of age are not eligible to be dependent (s) in ECHS.

(iv) In case sons (s) is/are born after the pensioner's joining the ECHS, the following documents will be required to enable the child to be declared as a dependant and to become entitled to ECHS benefits : -

(aa) Birth certificate.

(ab) Part II orders/ Gen Forms/personal occurrence are required to be published stating birth of the child or an Affidavit by the widow in case the AR pensioner could not get Part II Orders published for birth of his children.

(v) **Son(s) with Permanent Disability**. Unmarried Son(s) suffering from disability as per Persons with Disability (PWD) Act - 2016 and unable to earn their livehood are permitted to be dependents for life time, irrespective of age limit. The disability is to be certified, by either a service Classified Specialist or a Civil Surgeon.

(d) **Daughters.**

(i) Her/ their details must be included in the pensioner's PPOI Discharge Book issued from Assam Rifles Records, Shillong.

(ii) Unmarried as well as divorced abandoned/daughter (s) with total income from all sources less than Rs 9,000/- excluding DA per month.

(iii) Widowed daughters who are dependant on the pensioner and whose income from all sources is less than Rs 9,000/- excluding DA per month are entitled.

(iv) In case where the daughter (s) is/are born after the pensioner's joining the ECHS, the following documents will be required as proof of dependency : -

(aa) Birth Certificate.

(ab) Part II Order/Gen Form/Personal Occurrence stating birth of the child or an affidavit by the widow in case the AR pensioner could not get Part II order published for birth of his children.

(e) **Sisters**.

(i) Her/ their details must be included in the pensioner's PPOI Discharge Book issued from Assam Rifles Records, Shillong.

(ii) Unmarried as well as divorced abandoned/sister (s) with total income from all sources less than Rs 9,000/- excluding DA per month.

(iii) Widowed sisters who are dependant on the pensioner and whose income from all sources is less than Rs 9,000/- excluding DA per month are entitled.

(f) **Brothers**.

(i) His/ their details must be included in the pensioner's PPOI Discharge Book issued from Assam Rifles Records, Shillong.

(ii) Minor brother(s) upto the age of becoming a major

4. **Specific Conditions for Continuance of Eligibility**. In case an Assam Rifles pensioner (male/female) has declared his/her parents as dependants, they shall continue to receive ECHS benefits for their life time, subject only to the condition that their joint income from all sources does not exceed Rs 9,000/- excluding DA per month from all sources. In the event of the male pensioner's death, the widow shall be covered as she will start drawing family pension, but her parents will not become eligible as dependants. However, parents of the deceased pensioner, if already enrolled as dependants, would continue to enjoy benefits of the ECHS in the event of death of the Assam Rifles pensioner, provided their joint income from all sources does not exceed Rs 9,000/ excluding DA per month.

5. **Processing of ECHS Applications for Smart Cards**. All processing of Smart Cards have been made online. Details of Online Application for processing of 64KB Cards are given at ECHS Website www.echs.gov.in. Retiring Assam Rifles pensioners should fill online application for 64KB ECHS Smart Cards three months prior to their retirement, on receipt of PPO (authorised docu of pension proof). It must be uploaded and verified by the Record Office of Assam Rifles. On completion Record Office, the card will be printed by the vendor and fwd to concerned Stn HQs through RCs. The Stn HQs will issue the cards to the AR personnel based on SMS and OTP generated through th e online system. Assam Rifles pensioners who are already retired are also required to apply online through appropriate module. Cards for such pensioners should also be made only after due verification by Record Office of Assam Rifles. They will upload all the necessary documents for ECHS Smart Cards as per the instrs given at ECHS website.

6. All other procedure and policies of ECHS will be applicable to Assam Rifles Pensioners in letter and spirit. All relevant details are hosted on the ECHS website www.echs.gov.in.

(BS Sisodia)
Col
Dir (Ops & Coord)
forOffg MD ECHS

Encls : Five pages.

Copy to:

Govt of India, Min of Home Affairs (Police Division-II)
North Block, New Delhi-110001

Govt of India, Min of Home Affairs,
Directorate General Assam Rifles,
Shillong-793010

AMAECHS, Embassy of India, Nepal MoD

(DoESW)

Source Dot Com Pvt Ltd - You are requested to integrate provision of this letter in the online application system for Smart Card for Assam Rifles Pensioners.

Internal

All Secs (Less S&A Sec) -Request upload on our website.
S&A Sec

TOWHOM SO IT MAY CONCERN

1. No_____Rank_____Name_____Was a CGHS member from _____To_____ and has paid of Rupees _____(in fig and words) as membership contribution and amount of rupees _____(in fig and words) is balance

2. The pensioner has now voluntarily surrendered his CGHS membership.

3. This certificate is issued for applying of ECHS membership only.

Dated : (Signature of Individual)

COUNTERSIGNATURE
(BYCGHS AUTHORITY AFTER DONE VERIFICATION)

Station:

Dated :

No.17(17)2015/WE/D(Res-1)
GOVERNMENT OF INDIA MINISTRY OF DEFENCE
(DEPARTMENT OF EX-SERVICEMEN WELFARE) B WING, ROOM No.221
SENA BHAVAN, NEW DELHI

Dated 05th February, 2019

To,
The Managing Director
Ex-Servicemen Contributory Health Scheme
Central Organisation
Thimaiya Marg
Gopinath Circle
Delhi Cantt.

Subject. **Implementation of Judgement of Hon'ble High Court of Kerala - Order dated 30-1-2015 in WPC No.23422 of 2013 filed by Ex Subedar Tulsi Nair Vs UOI & Others - Grant of ECHS facilities to Assam Rifles pensioners and their dependants residing in India and Nepal.**

Sir,

1. The undersigned is directed to refer to the judgment dated 30-1-2015 of Hon'ble High Court of Kerala and subsequent judgements of double Bench of Hon'ble High Court of Kerala dated 10th August 2017 in WA No.709 of 2015 and Hon'ble Supreme Court of India Order promulgated on 9-2-2018 in SLP (Civil) No.(s) 1044/2018 regarding the grant of ECHS benefits to Assam Rifles (AR) pensioners and their dependants residing in India and Nepal and to state that the matter has been considered in the meeting held on 16-1 2019 of Cabinet Committee on Security and it has been decided to grant ECHS benefits to Assam Rifles pensioners and their dependants residing in India and Nepal subject to the following conditions:

(a) They must be in receipt of pension

(b) They must request for membership of ECHS and accept the Rules of ECHS.

(c) They must not be members of CGHS. However, those who have already joined CGHS and wish to switch over to ECHS will have to first give up their membership of CGHS and submit documentary evidence in support thereof at the time of applying for ECHS membership. However, they will not have to pay contribution again for ECHS membership. Such a shift /switch will be allowed only once and no reversion will be permitted thereafter.

(d) They will also have to forego Fixed Medical Allowance (FMA) if they were in receipt of the same.

(e) They must make the one time contribution to become ECHS member as applicable to their grade /rank as per order to be issued subsequently.

(f) Those in receipt of FMA must surrender FMA if they are residing in any district covered by ECHS.

(g) War widows, battle causalities and pre 1-1-1996 retirees shall be exempted from payment of one time ECHS contribution.

(h) Eligibility of dependants will be determined according to the ECHS rules.

(j) AILAR retirees and their dependants shall continue to be eligible for treatment in all AR hospitals/ clinics as at present.

2. This issues with the approval of MOD(Finance/Pension) vide their ID No.32(24)/2018/Fin/Pen dated 31-1- 2019.

Yours faithfully

(A.K.Karn)
Under Secretary to the Govt. of India

Tele-fax011-23014946
Email: ak.karn@nic.in

Copy to: -
1. PPS to RM
2. PPS to RRM
3. Secretary, Ministry of Home Affairs
4. Secretary, Ministry of Health & Family Welfare
5. Secretary, Ministry of Finance (Deptt. of Expenditure)

6. Secretary, Ministry of Law & Justice(Deptt. of Legal Affairs)
7. Secretary(Defence)
8. Cabinet Secretariat w.r.t their letter No.CCS/03/2019(i) dated 21-1-2019
9. MD, ECHS with the request to urgently forward draft govt letter on one time contribution to be deposited by AR Pensioners.
10. MOD(Fin/Pension)
11. Addl. FA & JS(RK)
12. O/o CGDA
13. AMA, ECHS, Embassy of Nepal, Kathmandu
14. DGADS

No.17(17)/2015/ WE/D(Res-I)
GOVERNMENT OF INDIA MINISTRY OF DEFENCE
(DEPARTMENT OF EX-SERVICEMEN WELFARE) B WING,
ROOM No. 221 SENA BHAVAN, NEW DELHI

Dated 5th March, 2019

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: One time contribution for ECHS membership and entitlement of ward in empanelled hospitals / medical facilities in respect of Assam Rifles pensioners and their dependents..

Sir,

1. In continuation of MoD letter No. 17(17)/2015/WE/D(Res-I) dated 5-2 2019, I am directed to convey the sanction of the Government prescribing one-time contribution for ECHS membership and entitlement of ward to Assam Rifles pensioners and their dependents as under: -

Ser No.	Category	One time contribution	Ward entitlement
(a)	**Recruit to Warrant Officer**	**30,000/-**	**General**
(b)	**NO Sub To Sub Maj**	**67,000/-**	**Semi Private**
(c)	**All Officers**	**1,20,000/-**	**Private**

2. Assam Rifles pensioners who have already paid complete one time contribution to CGHS are exempted from paying the same for ECHS membership. Assam Rifles pensioners who are CGHS members and have any outstanding payment towards one time contribution as per CGHS rates make complete payment to CGHS before applying for ECHS membership.

3. In addition, War widows, battle casualties and Pre 14 Jan 1996 retirees, are exempted from payment of one time contribution for ECHS membership. However, if they have paid one time contribution to CGHS, no refund for same will be made by ECHS.

4. All other provisions of MOD letter referred above, unaffected by this order shall remain unchanged.

5. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their I.D No.32(24)/2018/Fin/Pen dated 1-3-2019.

Yours faithfully,

(AK. Karn)

Under Secretary to the Govt. of India.

Copy to :

1. AG, IHQ of MoD(Army)
2. CGDA, New Delhi
3. MD, ECHS
4. DGAR
5. MHA

Copy for information to

1. PS to RM
2. PS to RRM
3. PPS to Secretary, ESW
4. PS to JS(ESW)
5. PS to Addl. FA (RK)

Ex-Servicemen Contributory
Health Scheme (ECHS)
Maude Lines
Delhi Cantt -110010

B/49722/AG/ECHS 10 Sep 2004

Naval HQs/ DESA
Air HQs/DPS
HQ Southern Command(A)
HQ Eastern Command(A)
HQ Western Command(A)
HQ Central Command (A)
HQ Northern Command(A)
HQ ARTRAC (A)
HQ Southern Naval Command, Kochi
HQ Training Command AF. Bangalore(SOA)

APP OF OIC POLYCLINIC

1. A doubt has arisen as to who all can apply for the post of OIC Polyclinic. It has been observed that even AFSgts and other PBOR are applying for the post of OIC Polyclinic.

2. It must be appreciated that the OIC Polyclinic has to deal on daily/ frequent basis with doctors emp at Polyclinic, most of who are senior retired officers, with offrs at the Area/Sub Area Stn HQs and Regional Centres and with retired service personnel, who are members of the ECHS. Besides this, he has also to deal with senior functionaries of the hospitals empanelled by the ECHS and Govt officials of the district administration, specially in Non Mill Stns.

3. GOI/MoD letter No 22(I)/01/US(WE)D(Res) dt 30 Dec 2002 is clear on the subject. Only non medical officer can be selected as OIC Polyclinic. This was done to give opportunity to non AMC offrs for employment. PBOR are NOT tenable for this appt.

4. In view of the above, it is clarified that only following will be selected for the OIC Polyclinic appt.

(a) Only retired service offrs.should be drawing a pension,

(b) Should **NOT** befrom AMC. Aim is to give opportunity to non med offrs for post retirement employment.

(c) Have a positive attitude and be helpful by nature.

(d) Should **NOT** be Honyc ommissioned offrs.

(e) Necessary preference for appropriate qualification.

5. The above is for your information and necessary action please.

6. **HQs Western Comd only.** This disposes of your letter No 46153/5/ ECHS dt 06 Aug 2004.

(OS Yadav)
Col
Dir(Ops&Coord)
for MD ECHS

Encls:As above.

Copy to..

(All Regional Centres, ECHS)

Tale:25684946
ASCON: 6832

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt–110010

B/49722/AG/ECHS

10 Nov 2004

Naval HQs/DESA
Air HQs /DPS (VB)
HQ Southern Command(A)
HQ Eastern Command(A)
HQ Western Command(A)
HQ Central Command (A)
HQ Northern Command(A)
HQ ARTRAC (A)
HQ Southern Naval Command, Kochi
HQ Training Command AF, Bangalore (SOA)

APPT OF OIC POLYCLINIC

1. Further to this HQ letter No B/49722/AG/ECHSdated10Sep 2004.

2. The matter regarding tenability of appointment of OIC Polyclinic has again been deliberated upon at length at appropriate level in conjunction with guidelines our letter under reference and inputs received from the environment.

3. It is again reiterate that guidelines for employment/appointment of OIC Polyclinic issued vide our letter under reference hold good, except Para 4(b) which may be suitably amended as under" :-

For- "Should **NOT** be from **AMC**. Aim is to give opportunity to non med offrs for post retirement employment".

Read- "Officers from AMC (NonTechnical/ NonDoctor) can be employed in the ECHS Polyclinic. However, Doctors will NOT, repeat NOT be employed as OIC Polyclinic. The aim is to give some opportunity to non medical officers of all arms and services for post retirement employment."

(OS Yadav)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

All Area HQs /Sub Area HQs/Stn HQs - A photocopy of our letter quoted above is also enclosed herewith for info and necessary action please.

All Regional Centres,ECHS

Tele:25684946
ASCON:23336832

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt-110010

B/49760/R/AG/ECH

08 Apr 2008

IHQ MoD(Navy)/DGMS(N)For OIC ECHS
Air HQ (VB)/AOA/DPS
HQ SC,EC,WC.CC,NC,ARTRAC,SWC & ANC
HQ WNC,ENC & SNC
HQ WAC,CAC.EAC,SAC,TC,SWAC & MC IAF

DISPOSALOF ASSESSMENT REPORT OFPOLYCINICSTAFF

1. **Refs:-**

(a) Our letter No B/49760/AG/ECHS(R) dated 01 Mar 07.
(b) Our letter No B/49760/AG/ECHS(R) dated 08 Feb 05

2. The assessment report of all staff ECHS Polyclinic will be kept by the respective Stn Cdr as the Stn Cdr is competent authority to review the contractual employment of ECHS Polyclinic staff. The assessment report will be kept by the Stn Cdr for at least 5 years after the retirement of contractual staff.

3. This is for your strict compliance please.

(Narinder Pal Singh)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

(All ECHS Regional Centres)

Tele:25684846
ASCON:36832

Central Organisation ECHS
Adjutant General's Branch Army
Headquarters Maude Lines
Delhi Cantt - 110010

B/49760/4G/ECHS(R)

10 Sep 2008

IHQ MoD(Navy)/DGMS(N)For OIC ECHS
Air HQ (Air Force) 13/DPS
Headquarters Southern Command (A)
Headquarters Eastern Command(A)
Headquarters Western Command(A)
Headquarters Central Command(A)
Headquarters Northern Command(A)
Headquarters South Western Command (A)

EMP OF CONTRACTUAL STAFF AT ECHS POLYCLINICS

1. **Refer:-**

(a) Govt of India, Min of Def letter No24 (6)03/US(WE)/D (Res) dated 22 Sep 2003.
(b) Our letter No B/49760/AG/ECHS dated 14 Oct 2003.
(c) Govt of India. Min of Def letter No 24(6)/03/US(WE)D(Res)Pt-III dated 14 Jul 2006
(d) Our letter N B/49760/AG/ECHS (R) dated 14 Jul 2006.

2. Procedure for emp of contractual staff is given vide Para 1 above. It has been observed that there are difficulties being faced at times for emp of contractual staff as per procedure, especially where an employee leaves the employment without adequate notice. In view of this the procedure enumerated in succeeding paras will be followed.

3. Panel of Reserves. Whenever a board of offrs is held to examine candidates for emp of contractual staff at ECHS Polyclinics, a panel of reserves also be made. In case an employee leaves without notice the reserves be employed.

4. Temp Emp for 3 Months. In case no reserve is available endeavour be made to emp the candidate as per procedure laid vide letter mentioned at Para 1(a) ibid. Since, this process takes approx two months a suitable person may be immediately emp temporarily. However this temp emp is only ltd to 3 months. For any further extn beyond 3 months, sanction of Army HQ will be obtained.

5. Preference would be given to exservice men while considering candidates for temp employment.

(Narinder Pal Singh)
Col
Dir(Ops&Coord)
for MD ECHS

Copyto:

(All Regional Centres)

Tele:25684846
ASCON:36832

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt-110010

B/49760/AG/ECHS(R)

13 Oct 2008

IHQ of MoD(Navy)/DGMS(N)For OIC ECHS
Air HQ (Air Force) VB DFS
Headquarters Southern Command(A)
Headquarters Eastern Command(A)
Headquarters Western Command(A)
Headquarters Central Command (A)
Headquarters Northern Command(A)
Headquarters South Western Command(A)

EMPOF CONTRACTUALSTAFF AT ECHS POLYCLINICS

1. Furtherto our letter No B/49760/AG/ECHS(R) dated10 Sep 08.

2. You are requested to add Para No 6 in our letter under ref:

"**6**. **Procedure for Temp emp upto three months**. Temporary employment upto 3 months will be carried out by a board of officers comprising of SEMO/Medical Specialists as ordered by respective Station HQs by inviting applications for the vacant post through local publicity at Station level. The competent authority for approval of board proceeding for temporary employment of contractual staff for three months both from reserve list as well as fresh candidates meeting the Qualitative Requirement will be the respective station commanders due to short duration and urgent in nature of employment".

(Binay Kumar)
Col
OffgDir(Ops&Coord)
for MD ECHS

Copy to:

(All Regional Centres)

Tele:25684846
ASCON;36832

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt-110010.

B/49760/AG/ECHS(R)

10 Nov 2008

IHQMOD(Navy)/DGMS(N)for OIC ECHS
Air HQ (Air Force) NB /DPS
Headquarters Southern Command(A)
Headquarters Eastern Command(A)
Headquarters Western Command(A)
Headquarters Central Command (A)
Headquarters Northern Command(A)
Headquarters South Western Command(A)

EMPOF CONTRACTUALSTAFFAS OFFICER IN CHARGE ECHS POLYCLINIC

1. Ref our letter No B/49722/AG/ECHS dated 10 Sep 2004.

2. Retd med offr are presently being emp as Med Offr,Med Specialist and Dental Offr in polyclinics. The present system of having a non-medical Officer as OIC polyclinic has been adopted due to the following reasons:

(a) Togive equal opportunity to retd Non Med Offrs seeking post retirement employment.

(b) Qualified Med Offr should not be bogged down with Adm Duties.

3. However, where no other suitable Non-Med Offr is available, discretion has being. permitted to the Stn Cdr to appoint a Med Offr as OIC Polyclinic.

4. A suggestion has now been recd to re-examine the above policy and permit ex-AMC offrs also to tenant the appointment of OIC Polyclinics on the present model of Armed Forces hospitals.

5. Theabovesuggestionmaybeexamined.Yourviewsandrecommendationsaresolicitedby10Dec08.

(Narinder Pal Singh)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

DGAFMS
DGMS(Army)
DGMS(Navy)

Tele: 23336735
ASCON: 36735

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt–110010

B/49760/AG/ECHS(R)

26 Oct 2010

IHQ of MoD(Navy)/DGMS(N) for OIC ECHS
Air HQ (Air Force)/VB/DPS
Headquarters Southern Command(A)
Headquarters Eastern Command(A)
Headquarters Western Command(A)
Headquarters Central Command (A)
Headquarters Northern Command(A)
HQ South Western Command (A)

EMP OF CONTRACTUAL STAFF AS OFFICER INCHARGE ECHS POLYCLINIC

1. Further to our letter No B/49760/AG/ECHS (R) dt 10 Nov 2008 and your responses thereof.

2. Retd AMC/AD Corps offrs are presently being emp as Med Offr, Med Specialist and Dental Offr in polyclinics. The present system of having a non-medical Officer as OIC polyclinic has been adopted after due deliberations due to the following reasons:

(a) To give equal opportunity to retd Non Med Officers seeking post retirement employment.

(b) Qualified Med Offr should not be bogged down with adm duties.

3. However, where no other suitable non-med offr is available, Stn Cdr may employ a suitable medical offr as OIC Polyclinic provided that the vacancies of medical offrs of the polyclinic have been fully utilised. Such medical offrs should have tenanted the appointment of CO, MH.

4. Intimation of employment of medical offrs as OIC Polyclinic shall be given to HQs in chain, Regional Centres and Central Org ECHS.

(Vivek Bhatt)
Col
Dir(Ops&Coord)
for MD ECHS

Tele230413378

Integrated HQ of MoD(Army)
Adjutant General's Branch
Dte General Dental Services
*L*Block, New Delhi.110001

2222/Misc/Directives/DGDS-2

23 Sep 2014

DGMS(Navy),
DGMS (Air)
MGs (Med)
Southern Command
Eastern Command
Western Command
Central Command
Northern Command
South Western Command

EMPLOYMENT OF DENTAL SURGEONS AGAINST THE VACANCIES OF PARA DENTAL PERS

1 It has come to light that Dental Surgeons are being employed against the vacancies meant for paradental pers in ECHS Polyclinics and Hospital.

2 The above has the following ratifications:-

(a) Most importantly, it is demoralizing for a professional that he/she is being employed as a para-dental staff even though he /she is a volunteer.

(b) The Dental Surgeons and the para dental pers are trained differently for specific role and asks to be performed. Dental Surgeons cannot efficiently deliver the job requirements of the para-dental pers.

(c) Dental Surgeons so employed against the vacancies for para-dental pers will have a poor future and a flawed CV for job else where.

3. Therefore, you are requested to sensitize all echelons not to employment surgeons as Dental Assistants of Dental Hygienists or Dental Technicians.

4. This has the approval of DGDS.

(Anil Dhingra)
Brig
Dy DGCS(Plg& Trg)

Copy to

Command Dental Advisor
Southern Commend
Eastern Command
Western Command
Central Command
Northern Command

Tele:-011-25684946ASCON:-36832

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Line,
Delhi Cantt -10

B/49701-PR/AG/ECHS/2015

15 Jan 2015

IHQ of MoD(Navy)/PDECHS(N)
Air HQ Subroto Park/DPS
HQ Southern Command(A/ECHS)
HQ Eastern Command(A/ECHS)
HQ Western Command(A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command(A/ECHS)
HQ South Western Command(A/ECHS)
All Regional Centres ECHS

ORIENTATIONTRG:OIC ECHS POLYCLINICS

1. Further to our letter No B/49701-PR/AG/ECHS dt 17 Oct 2014.

2. A written test will be org at Regional Centre under the supervision of Dir prior to appoint OIC ECHS. In case of adequate No of candidates, the appt will be made on merit basis. After passing out the written test, OIC will undergo through an orientation trg pgme for a period of seven days as per Appx att.

3. Feedback on termination of the trg pgme will be submitted to this Org.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
for MD ECHS

Encls: As above.

Internal

All Secs

Appx (Refers to Central Org ECHS letter NO B/49701-PR/AG/ECHS/2015 datedjan2015)

ORIENTATION TRG PRMG FOR NEWLY APPOINTED OIC POLYCLINICS

Ser No	Time (in hr)	Event	Topics
Day - 1			
1.	0930 – 1030	Briefing by Dir RC	(a) Authorisation of PC. (b) Duties of OIC PC & other staff of PC. (c) Financial aspects. (d) Maint of eqpt and upkeep of PC. (e) Empanelment of hosps. (f) On-line billing process.
2.	1030 – 1230	Briefing by Jt Dir (Med)	(a) Med policies and instrs from Central Org. (b) Referral system and emergency admission, extn of hospitalisation and approval for unlisted procedures. (c) Indenting procedures for medicine, med consumable and management of med store / dispensary. (d) Med eqpt authorisation and maint. (e) Auth of med eqpt to ESM for domiciliary care. (f) Reports & returns.
3.	1230 – 1400	To go through med policy & procedures	
Day – 2			
4.	0800 – 1600	Vis to ECHS PC	(a) Bfg by OIC Polyclinic. (b) Familiarisation and working of PC. (c) Registration process, med prescription and issue of medicine to patients. (d) Maint of docu at PC.
Day – 3			
5.	0900 – 1400	Vis to nearest MH	(a) Mtg with Comdt/CO MH. (b) Bfg by OIC Med store on prep of Indent, MMF, guidelines to common mistakes on demand of medicine, disposal of medicine, layout of med stores etc.

Ser No	Time (in hr)	Event	Topics
Day - 4			
6.	0900 – 1100	Briefing by Jt Dir (Est)	(a) Eligibility conditions for ECHS Smart Card. (b) Submission of application form for ECHS Smart Card alongwith supporting documents. (c) Verification of documents while accepting of appln for ECHS. (d) Upgradation of existing smart card. (e) Collection/distr of smart card. (f) Disposal of obsolete smart card. (g) Administration of PCs. (h) Disciplinary problems. (j) Devp of soft skill of PC staff. (k) Report & returns.
7.	1100 – 1200	Briefing by Jt Dir (Accts & Assets Mgt)	(a) IT procurement through RC. (b) Procurement of items and its accounting. (c) Budget forecasting and plg.
8.	1200 – 1400	RC ECHS	(a) Practical aspects of card prep. (b) To go through Adm/Accts policies.
Day – 5			
9.	0800 – 1300	Vis to ECHS PC	(a) Dispensary and med store functioning. (b) Storage of medicines. (c) Dispersing/distr of medicines. (d) Disposal of expired medicine. (e) Prep of MMF and Indent.
10.	1400 – 1600	-do-	Documentation of med store eg. Prep of daily summary, monthly summary, charging off and disposal of medicines.
Day – 6			
11.	0900 – 1300	Briefing by Jt Dir (Med)	(a) Prep of re-imbursement of med claims. (b) Processing of Manual bills.
12.	1400 – 1500	Briefing by Jt Dir (Accts & Assets Mgt)	Mgt of funds
13.	1500 – 1600	Briefing by Dir RC	Acqn of land for PC and rental charges
Day – 7			
14.	0800 – 1200	ECHS PC	(a) Bill processing – On-line and Manual. (b) Gens of referral ID. (c) Gens of emergency referrals ID.
15.	1200 – 1300	ECHS RC	De-briefing by Dir RC

Tele:25684946
ASCON:36832
E-mail: jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army)
Maude Lines
DelhiCantt-110010

B/49760/AG/ECHS(R)/2016

05 Aug 2016

IHQ of MOD(N)/Dir ECHS(N)
Air HQs (VB)/DPS
Dte of AV
HQs SC,EC,WC,CC,NC,SWC,A&NCHQS WNC,
ENC & SNC
HQSWAC,CAC,EAC,SAC,TC,SWAC&MCIAF

GUIDELINES FORSELECTION OF DENTAL OFFICERS IN ECHS POLYCLINICS

1 Ref the fwg:

(a) GoI, MoD letter No 24(6}/03/US (WE)D(Res) dt 22 Sep 2003.
(b) Central Org ECHS letter No B/49760/AG/ECHSdt14 Oct2003.

2. Queries have been received regarding the counting of period of MDS towards experience criteria for employment as Dental Officers in ECHS Polyclinic.

3. It is clarified that the period of 3 year PG Degree of MDS will be considered as work experience. However, when this period is considered as work experience the PG Degree will not be considered as the desirable attribute for preferential selection i.e. the MDS degree will be used only once: either for work experience or for desirable attribute.

(CK Nayak)
Lt Col
Jt Dir (Pers)
for MD ECHS

Copy to:

(.....)
All Regional Centres ECHS - For dissemination to all HQ Area/HQ Sub Area/Stn HQ and ECHS Polyclinics in your AOR.

Teie:25684946
ASCON36832
E-mail: jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ Of MOD(Army)
Maude Lines Delhi
Cantt-110 010

B149760/AG/ECHS(R)/2016

02 Nov 2016

IHQ of MoD(N)/Dir ECHS(N)
Dte of Air Veterans
HQ Southern Comd(A/ECHS)
HQ Eastern Comd(A/ECHS)
HQ Western Comd(A/ECHS)
HQ Northern Comd(A/ECHS)
HQ Central Comd (A/ECHS)
HQ South Western Comd (A/ECHS)

RESERVATIONOFVACANCIES FOR PERS WITH DISABILITIES

1 Ref the fwg:

(a) COECHS letter No B/49760/R/AG/ECHS dt 23 Jan 2013.

(b) Ministry of Personnel, Public Grievances & Pensions Department of Personnel & Training dt12 Aug 2015. (copy att)

(c) Ministry of Social Justice & Empowerment Department of Empowerment o Persons with Disabilities dt 21 Sep 2016.(copy att)

(d) COECHS letter No B/49760/AG/ECHS(WC)/2015

.

2. According to Ministry of Personnel, Public Grievances & Pensions Department of Personnel &Training dt12 Aug 2015 there is no provision for reservation for persons with disabilities in contractual/temporary appointment.

3. In view of the above,this HQ letters No B/49760/R/AG/ECHS dt 23 Jan 2013 and B/49760/AG/ECHS(WC)/2015 dt 02 Sep 2015 be treated as cancelled.

(CK Nayak)
Lt Col
Jt Dir(Pers)
for MD ECHS

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Amy)
Maude Lines
Delhi Cantt-110010

B/49760/AG/ECHS(R)/2017 06 Oct 2017

(HQ Comds(A/ECHS)

PROCEDURE FOR ASSESSMENT OF CONTRACTUAL EMPLOYMENT OF STAFF FOR ECHS POLYCLINIC

1 Ref the fwg:

(a) This office letter NoB/49760/AG/ECHS(R) dt 20 May 2006.
(b) This office letter No B/49760/AG/ECHS(R) dt 24 Oct 2008.
(c) This office letter NoB/49760/AG/ECHS(R) dt 24 Jul 2014.

2. With immediate effect, the fwg fresh formats will be utilized for 'Assessment and Recommendation' for Ex pension of Employment for the OIC, Med Officer, Specialists, Dental Officer, Para Med Staff, Para Dental Staff &Non Med Staff at ECHS Polyclinics:

(a)	OIC Polyclinic.	-	Appendix 'A
(b)	Medical Officer/Specialists	-	Appendix'B
(c)	Dental Officer	-	Appendix'C
(d)	Para Med Staff	-	Appendix'D
(e)	Para Dental Staff	-	Appendix'E
(f)	Non Med Staff	-	Appendix 'F

(Rajeev Kundu)
Lt Col
Offg Jt Dir (Pers)
for MD ECHS

Copy to:

(All Area HQs (A/ECHS) - For further dissemination to all Stn HQs/Polyclinics in your AOR .

(All Regional Centres)

Internal

(All Sections) - For info pl. S&A sec to upload on the website

Appendix A
(Refers to Para 2 of Central Org ECHS letter No B/49760/AG/ECHS(R) dated _____Oct2017)

ASSESSMENT OF ECHS POLYCLINIC STAFF:OFFICER-INCHARGE

1	Name of Employee	:
2	Name of Polyclinic	:
3	Stn HQ	:
4	Date of First Employment	:
5	Date of Commencement of Last Extension	:
6	Date of Birth	:

PART-II BASIC ASSESSMENT

7. Overall performance by the officer during the year (Grade from 01 to 09)

IO	FTO/Tech Offr/RO
Stn Cdr	Dir RC

8. Recommendation from Extension (do you recommend the officer for extension) **Yes/No** **Yes/N0**

(Signature IO) (Signature of FTO/Tech Offr/RO)

Date: Date:

Brief comments by reporting officer
(In case of Non-recommendation only. Details of warning be included/enclosed)

1 **IO** (Signature with date)

2 **FTO/Tech Offr/RO** (Signature with date)

Appendix B
(Refers to Para 2 of Central Org ECHS letter No B/49760/AGIECHS(R) dated _____Oct 2017.

ASSESSMENT OF ECHS POLYCLINIC STAFF:MEDICAL OFFICERS AND SPECIALIST

1. Name of Employee : _____
2. Name of polyclinic : _____
3. Stn HQ : _____
4. Date of First Employment : _____
5. Date of Commencement of last Extension : _____
6. Date of Birth : _____

PART-II BASIC ASSESSMENT

7. Overall performance by the Officer during the year (Grade from 01 to 09)

IO	FTO/Tech offrs/RO
Stn Cdr	SEMO

8. Recommendation from Extension (Do your recommend the Officer for extension) **Yes/No** **Yes/No**

(Signature of IO) (Signature of FTO/Tech offrs/RO)

Date: Date:

Brief comments by reporting officer
(in case of Non-recommendation only. Details of warning be included/enclosed)

1 IO (Signature with date)

2 FTO/TechOffr/RO (Signature with date)

Appendix C
(ReferstoPara2ofCentralOrgECHSletterNo
8/49760/AG/ECHS(R)dated
_____Oct2017)

ASSESSMENT OFECHS POLYCLINICSTAFF:
DENTAL OFFICER

1. Name of Employee : _____

2. Name of polyclinic : _____

3. Stn HQ : _____

4. Date of First Employment : _____

5. Date of Commencement of last Extension : _____

6. Date of Birth : _____

PART-II BASIC ASSESSMENT

7. Overall performance by the Officer during the year (Grade from 01 to 09)

IO	FTO/Tech offrs/RO
Stn Cdr	SEDO

8. Recommendation from Extension (Do your recommend the Officer for extension) **Yes/No** **Yes/No**

(Signature of IO) (Signature of FTO/Tech offrs/RO)

Date: Date:

Brief comments by reporting officer
(in case of Non-recommendation only. Details of warning be included/enclosed)

1 IO (Signature with date)

2 FTO/Tech Offr/RO (Signature with date)

5
Appendix D
(ReferstoPara2ofCentralOrgECHSletterNo
B/49760/AG/ECHS(R) dated
_____Oct2017)

ASSESSMENTOFECHSPOLYCLINICSTAFF:
PARA MEDICALSTAFF

1. Name of Employee : _____

2. Name of polyclinic : _____

3. Stn HQ : _____

4. Date of First Employment : _____

5. Date of Commencement of last Extension : _____

6. Date of Birth : _____

PART-II BASIC ASSESSMENT

7. Overall performance by the Officer during the year (Grade from 01 to 09)

IO	RO
OIC	Stn Cdr

8. Recommendation from Extension (Do your recommend the Officer for extension) **Yes/No** **Yes/No**

(Signature of IO) (Signature of RO)

Date: Date:

Brief comments by reporting officer
(in case of Non-recommendation only. Details of warning be included/enclosed)

1 IO (Signature with date)

2 RO (Signature with date)

Appendix E
(Refers to Para 2 of Central Org ECHS letter
No 8/49760/AG/ECHS(R) dated Oct 2017)

.

ASSESSMENT OFECHS POLYCLINICSTAFF:
PARADENTALSTAFF

1. Name of Employee : _____

2. Name of polyclinic : _____

3. Stn HQ : _____

4. Date of First Employment : _____

5. Date of Commencement of last Extension : _____

6. Date of Birth : _____

PART-II BASIC ASSESSMENT

7. Overall performance by the Officer during the year (Grade from 01 to 09)

IO	RO
OIC	Stn Cdr

8. Recommendation from Extension (Do your recommend the Officer for extension) **Yes/No** **Yes/No**

(Signature of IO) (Signature of RO)

Date: Date:

Brief comments by reporting officer
(in case of Non-recommendation only. Details of warning be included/enclosed)

1 IO (Signature with date)

2 RO (Signature with date)

Appendix F
(Refers to Para 2 of Central Org ECHS letter
No B/49760/AG/ECHS(R) dated
_____Oct 2017)

ASSESSMENT OF ECHS POLYCLINICSTAFF:
NON MEDICALSTAFF

1. Name of Employee : _____

2. Name of polyclinic : _____

3. Stn HQ : _____

4. Date of First Employment : _____

5. Date of Commencement of last Extension : _____

6. Date of Birth : _____

PART-II BASIC ASSESSMENT

7. Overall performance by the Officer during the year (Grade from 01 to 09)

IO	RO
OIC	Stn Cdr

8. Recommendation from Extension (Do your recommend the Officer for extension) **Yes/No** **Yes/No**

(Signature of IO) (Signature of RO)

Date: Date:

Brief comments by reporting officer
(in case of Non-recommendation only. Details of warning be included/enclosed)

1 IO (Signature with date)

2 RO (Signature with date)

Tele33232
ASCON38832.

Central Organisation ECHS
Adjutant General Office
IHQ of MoD(Army)
Maude Lines
Delhi Cantt-110010

BM49760AG/ECHS(R)/2017

10 Nov 2017

HQ Comds(A/ECHS)

PROCEDURE FOR ASSESSMENT OF CONTRACT EMPLOYMENT OF STAFF FOR ECHS POLYCUMS

1 Ref the fwg:

(a) This office letter NoB1470/4G/ECHSR:2017dt 06 Oct2013.
(b) Station HQ ECHS Delhi Cantt letter No 637/Assessment/Gen/ECHS. 18 Oct 2017.

2. Following amendment may please be made in para 7(PART-II, Basic Assessment Appendix A,B & C vide our letter mentioned para 1 (a) above:-

FOR

IO	FTO/Tech Offr/RO
Stn Cdr	Dir RC

READ

IO	FTO/Tech Offr
Stn Cdr	Dir RC

3. Fresh Appendix A, B and C is issued herewith for your further necessary action.

(PK Parekh)
Col
Jt Dir (Pers)
for MD ECHS

Copy to-

(All Area HQs (N/ECHS) - For further dissemination to all Stn HQs/PCs in your AOR

All Regional Centres

Internal - For info pl S&A upload on the website

(All Sec)

Tele:25684847
ASCON:36832
Tele: ditopsechs-mod@.nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD(Army)
Maude Lines
Delhi Cantt-110010

B/40760/AG/ECHS(R)/2017

22 Dec 2017

IHQ of MoD(Navy/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs(A/ECHS)
All Area HQs (A/ECHS)
Al Sub Area HQs(A/ECHS)
All Stn HQs (A/ECHS)
All Regional Centres ECHS

EMPLOYMENTOFCONTRACTUALEMPLOYEES AT ECHSESTABLISHMENTS

1 References:

(a) Gol, MoD letter No 22(6)03/US(WE)D(Res) dt 22 Sep 2003

(b) Central Organisation ECHS letter No B/49760/AG/ECHS(R) dt 07 Mar 2006.

(c) Gol, MoD letter No 2416\/03/US(WE)/D(Res) Pt-I dt 15 Jun 2008.

(d) Central Organisation ECHS letter No B/49760/AG/ECHS(RX(1)d 24 May 2011.

(e) AG's Branch (DGDS) letter No 22223/Misc/Directives/DGDS-2 dt 23 Sep 2014.

(f) Central Organisation ECHS letter NoB/49760/AG/ECHS(R) 2015 dated 08 Jul 2015 & /49760/AG/ECHS(R)/2016dated02Nov2016

(g) Central Organisation ECHS letter NoB149760/AG/ECHS(R) 2016 dated 04 Jan 2016.

(h) Gol(MOD) letter No 22D(19) /2017/WE/D (Res) dated 16 Aug 2017 22D(25)/2017/(WE)D(Res-1) dated 20 Nov2017.

(j) Central Organisation ECHS letter No B/49780/AG/ECHS(R)/2017dated 06 Oct2017.

(k) Central Organisation ECHS letter No 8/49760/AG/ECHS(RY2017 dated 10 Nov 2017.

2. Govt orders on the subject of contractual employment allow employment normally for a period of two years. Second year employment is allowed on extn after first year based on satisfactory performance in the first year based on appraisal system as promulgated earlier & amended vide our letter No B1497601AGIECHS (RW2017 dt 06 Oct 2017 and even No dt 10 Nov 2017 and continued reqmt of the said appt while granting the extension for the second yr, minimum three days gap will be ensured. Anyone found unsuitable for extension in any Polyclinic will be ineligible for subsequent contractual employment in any ECHS est at any stage.

3. Though Gol, MoD letter No 22(6)/03/US(WE)/D (Res) dt 22 Sep 2003 lays down upper age limit but the same has been misquoted including some of the employees going to the courts relating the same to 'superannuation continued employment'. While fresh MoA is being worked out for approval & Issue, there is a need to streamline and evolve norms to ensure that quality manpower is available to ECHS get up on regular basis. Details are covered in succeeding paras to bring further clarity on the related issues

Employment Age

2 Subject to physical fitness, current max age for contractual employment as promulgated vide Govt of India MoD letter No 22(D)/2017/WE/D(RES-1) dt 18 Dec 2017effective 18 Dec 17 is as under:-
:

(a)	OIC Polyclinic	65
(b)	MOS	68
(c)	Med Specialist/Gynecologist/ Radiologist	70
(d)	Dental Offrs	65
(e)	Para Medical	58
(f)	Para Medical	58
(g)	Non-Medical	55

(Note, Medical fitness cert from SEMO/CMO will need to be attached)

3 The age so specified is the age beyond which continuance of contractual employmentis NOT allowed. There is no concept of continued employment till specified upper age / concept of superannuation being contractual employment. Though transfer of vacancies/other employment durations are invariably related to the end of financial year, continuance beyond the specified age is NOT permitted. MOA should be correctly signed accordingly.

6. The contractual employment will be terminated on the date an individual attains the max age and will not be continued til the end of month or till the end of financial year.

7. MOA should preferably specify this aspect, however, even if not mentioned specifically, Para & above will be mandatorily binding on all the contractual employees. All MoAs signed will be examined and necessary actions initiated immediately including issueofnoticewhererequired.PersonsapplyingforthefirsttimeinECHSestsareeligibleiftheyhaveminimumtwoyears(24months) balance to serve from maximum age criteria as covered at Para 4 above. This will be calculated from 1 of next month in which advertisement of vacancy has been advertised, e.g. if an advertisement is issued on any dale in Jan 18, the applicant should be left with minimum two years as on 01Feb 2018 before he attains the maximum ageasspecifiedinPara4above.Minimum one year(12 months) will be needed for eligibility for persons for applying if they have been employed with ECHS establishments at any stage for minimum 12 months or more provided there is nothing adverse against them at any stage. Calculation criteria for 12 months will remain the same as per new applicants.

Employment Duration

9 Gol, has specified the duration of contractual employment as two years wherein second year extn is granted based on satisfactory performance in the first year.

10. The enhanced duration as per letter at Para 1(d)(LetterNoB149760/AG/ECHS (R) (1) dt 24 May 2011) will no longer be applicable wef 01 Apr 2018 onwards. All contractual employees who have completed / will complete two years as on 31 Mar 2018(Extension granted in the same Polyclinic or in more than one Polyclinic based on previous performance)will mandatorily apply afresh if they want the contractual employment and will participate in the selection process on 'ment'. This is essential to ensure that qualitative Improvements are ensured in the manning profile of ECHS establishments. After selection on merit, next two years will be handled at par for new contractual employment, i.e. second year extn based on satisfactory performance in the first year, Medical Specialists/ Gynecologists/Radiologists will be also paid remuneration in the first year as approved and these cond year as per the second year. All employees who are screened and selected will be at par in all considerations as employed for first year.

11 Current payment norms as approved by GoI(MOD)letter No 22D(19)/2017WED(Res)dated 16 Aug 2017 and 22D (25)/2017/(WE)/D(Res-1) dated 20 Nov 2017 lay down payment wef 16 Aug 2017 as under :

Ser No	Category	Revised Remuneration
(a)	Medical Officer	Rs. 75,000
(b)	Specialist(Medical Specialist),Gynaecologist & Radiologist	(i) Rs. 87,500/-for1st year of contractual engagement (ii) Rs1,00.000/- for 2nd year of contractual engagement
(c)	Dental Officer	Rs75,000/-
(d)	Officer in Charge ECHS Polyclinic	Rs75,000/-
(e)	Radiographer	Rs28,100/-
(f)	Laboratory Technician	Rs28,100/-
(g)	Laboratory Assistant	Rs28,100/-
(h)	Physiotherapist	Rs28,100/-
(i)	Pharmacist	Rs28,100/-
(k)	Nursing Assistant	Rs28.100/-
(l)	Dental Hygienist Dental Assistant Dental Technician	Rs28,100/-
(m)	Driver	Rs19,700/-
(n)	Chowkidar	Rs16,800/-
(o)	Female Attendant	Rs16,800/-
(p)	Peon	Rs16,800/-
(q)	Sataiwala	Rs16,800/-
(r)	Clerks(ECHS Branch EOI Nepal	Rs22,500/-

12 Any candidate can apply for multiple times for contractual employment of two years duration in any ECHS establishment subject to all eligibility criteria. In such cases of employment, minimum seven days gap will be given. Formations will ensure staggered date of employment to ensure that the Organisation runs smoothly. If a contractual employee has completed two years(24months, 15 days or more to be counted as completed month) or more in all ECHS establishments put together as on 31 Mar 2018 based on extensions without fresh selection process, he/she has to apply for vacancies occurring for the duration wef 01 Apr 2018 onwards and go through entire selection process with all fresh applicants in ensure that the best are employed for this scheme for delivery of the service. The duration as existing vide letter at Para1(d)stands superseded wef 01Apr 2018.

13. Any contractual employed giving inaccurate information about his/her pervious employment with ECHS will make the selection null and void. It will not only result in recovery of total salaries paid but make him/her ineligible for all future employment in all ECHS organizations. It will also be mandatory for any current employee to inform the selection board(as well in the application)if he/she is applying for different Polyclinic/ECHS establishments.

14. There have been reports about nexus being developed between employees, veterans. and hospitals resulting in unfair practices. It will be therefore ensured that employees are rotated within AOR of appointing authority(AreaHQ/ Sub AreaHQ). Authority at one stage up from the sanctioning authority can allow continuance on merit with sanction accorded in writing indicating reasons. This will be regulated by the Bid approving authority as applicable at the time. A transparent norm will be maintained and notified based on the geographical environmental considerations as prevalent in AOR Of concerned Comd HQ & equivalent.

Selection Noms

15. QR as laid down vide GoI, MOD letter No 22(6/03/ US (WEYD(Res) dt 22 Sep 2003 will be strictly followed. No ineligible candidate will be allowed to appear for the selection process .Applicants must meet all eligibility criteria at the time of application, while balance age criteria will be based on Para 8 above.

16. Wherever experience has been stipulated, the same will be counted with first of next month from which the advertisement has been placed on similar lines as explained in Para 12 above.

17. No of vacancies as reserve category will be as specified vide our letter No B/49780/AGIECHS (R}/2015 dt 08 Jul 2015, salient features of which are as under :

(a) In case there served percentage is a fraction, the next higher figure will be applicable. For example,if the No of posts is six and reservation is 70%, the No of reserved posts comes to 4.2. Therefore the No of posts reserved for Ex-Servicemen will be next higher figure, l.e. five posts will be reserved for the Ex-Servicemen.

(b) Post of OIC ECHS Polyclinic is 100% reserved for Ex-Servicemen.

(c) 60% of total of Med Staff in an ECHS Polyclinic will be reserved for Ex-Servicemen.

(d) 70% of total post of Para Med Staff and Non Med Staff in an ECHS Polyclinic will be reserved forEx-Servicemen.

(e) According to Ministry of Personnel, Public Grievances & Pensions Department of Personnel &Training dated 12 Aug 2015, there is no provision for reservation of persons with disabilities in contractual/temporary appointment.

(f) While reservation is currently available to ESM/War Widow, the same is NOT applicable to dependents of ESM. Entire selection will be done on 'merit'.

18. The reservation will apply to allowed vacancies which includes the transfer vacancy by MD ECHS In form of manning document given for each fin year.

Condition of Ineligibility

19. Offrs holding appts of SO ECHS at any HQ were ineligible for three years as per our letter No B/49760/AG/ECHS(R)(i) Dated 24 May 2011, which was reduced to one year as per our letter No B/49760/AGTECHS(R) 2016 dated 04 Jan 2016. Please ensure that there is clear12 months gap between the date of superannuation and first of next month in which advertisement is placed for the vacancies. All appts of SO ECHS screened for ECHS appts will be screened with this 'Cooling off period. All selections not meeting the QR will be termed as 'null and void'.

19 It has been observed that Dental Offrs have been appointed in place of Dental Hygienist in violation of AG's Branch (DGDS) letter No 22223/Misc/Directives/DGDS- 2 dt 23 Sep 2014. All such appts will be 'null and void'.

20 It has also been observed that some appts have been made which were not authorised/allowed. All such appts will be terminated and be 'null and void'. No appts will be made in anticipation of 'sanction' to be given later.

22, GOC Area or equivalent is currently the sanctioning auth for contractual persons, however, a proposal has been forwarded to bring this auth at the level of GOC Sub Area. In case of Sub Areas not commanded by Maj Gen/PCs directly under Area HQ, sanctioning authority will continue to be GOC Area HQ or equivalent. Current authorities will continue till Govt approves the new proposal.

23. All employees earmarked as 'reserve' under the AOR of sanctioning authority for all ECHS establishments will be part of common pool and can be employed on choice cum *merit' (to be decided by Board on marks obtained out of 100) lo any PCIECHS est within AOR of sanctioning authority subject to his willingness. If person with higher merit does not take up the assignment, the same can be passed to next person 'on merit'. Reserve list will deem to be over by end of the financial year for which the vacancy was advertised. For example, If an advertisement has been made for vacancies commencing wef 01Apr 2018 & beyond, reserve list will be valid till FY 2018-19 (till 31Mar 2019). If a person has given willingness for working in certain ECHS establishments but does not take up assignment on 'offer', he/she will be ineligible for next Three years (Gap between offer is made and first of next month in which advertisement is published). This will not apply to reserve category.

24. If any applicant has any stake in any empanelled hosp/facility, he/she will be ineligible for applying for conflict of interest. Any appt will be held 'null and void'.

25. Any Offr/Staff (with exception of Para 18) prior to superannuation/ termination of re-employment period can apply for the selection after obtaining NOC from his/her department provided he/she is superannuated/retired on or before the last day of submission of application. No vacancy will be kept 'vacant in anticipation of superannuation/re employment etc.

26. If any applicant has signed contract with any Govt agency which makes him ineligible for employment, will also be ineligible for ECHS establishments viz it DGR gives any agency which prohibits employment elsewhere, such person will be ineligible for employment iti ECHS establishments.

27. Appt of contractual employees like Driver is not allowed where ambulance vehicle is NOT held. Appts made will be treated 'nul and void' unless specifically approved by MD ECHS as part of manning document'.

28. Except in case of Driver, Chowkidar, Safaiwala and Lady Attendant, all other employees need to be conversant with basic computer knowledge to function in an automated environment. This will be ensured in process of selection. All formations must ensure the automated functioning at all PCs under their AOR.

29. Priority will be accorded to Veer Naris / Widows of ESM within the ambit of Govt instrs.

30. Till the time objective criteria are centrally evolved, all selections will be based on100% marks based on which merit will be drawn. It will be essential to get at least 33% marks by all applicants to Quality for contractual employment This minimum criteria is also applicable to reserve category of ESM as well.

31 It will been ensured that QR check is correctly done prior to selection.

32. Civil candidates will not be appointed against EŞM vacancies. Once BOO approved by the sanctioning authority,sanction will be taken from sanctioning authority based on certificate in terms of Para 4 of Annexure I to Gal, MOD letter No 22(67031 US (WE)/ D(Res) dated 22 Sep 2003 amended from time to time. After this, vacancies will be available for the posts tenable by ESM for civilians. Civilians selected in lieu of ESM vacancy will be eligible to serve only till11months from the date of appt.The said vacancy will fall vacant thereafter for being made available to ESM.

33. Result sheet indicating merit of selected and reserve candidate after approval will be published/ available in public domain to ensure transparency.

34. If even a single MO is NOT available in an ECHS PC on initial employment, balance, staff except Chowkidar and One Para Med Staff will not be issued appointment letter. This criteria will be relaxed by MD ECHS only if concerned fmn provides a MO from its own resources. It is essential as no medical so can be provided in absence of a MO. Same norm will also be applicable if a sit arises that not even a single MO is available continuously for 60 days.

35. Appts for 89 days as per permission of Stn Cdr will also be done as per laid down eligibility criteria.

36. It is very important that the vacancies are given maximum publicity. Details of vacancies besides being advertised in Newspapers as per current norm, will also be intimated to the following ests -

(a) Army Welfare
& Placement
Org Maude
Line Delhi
Cantt-10

(b) Dte of Indian Army Veterans
Maude Line
Delhi Cantt-10.

Dte of Air Veterans
Subroto Park
New Delhi-110011.

Dir of Navy Veterans
IHQ of MoD
6th Chankyapuri
NewDelhi-110021

(c) All Record Offices.

(d) Central Org ECHS
Maude Line
Delhi Cantt-10

(e) Local Employment Exchange.

37 This letter is applicable from the date of issue and has approval of MD ECHS.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MDECHS

Internal

All Secs(Less S&A Sec).	-	For info pl.
S&A Sec	-	Pl upload the same on ECHS website.

.

Tele:011-25684946
ASCON:36832
Fax:011-25684946
Email: diropsechs-mod@nic.in

Central OrganisationECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
DelhiCantt-110010

B149760/AG/ECHS/2018

20 Apr 2018,

.
.
IHQ of MoD(Navy)/PDECHS(N)
Air HQ(SubrotoPark)/DAV
All Comd HQ's (A/ECHS)
All Area HQS (A/ECHS)
All Sub Area HQS(A/ECHS)
All Regional Centres,ECHS

DECLARING OF RESULTS : CONTRACTUALEMPILOYEES

1. Ref Para 33 of our Policy docu on contractual employees issued vide our letter No B/49760/AG/ECHS dt 22 Dec 2017.

2. It was made obligatory that the results will be declassified; however, various complaints are being received that the results have not been declassified for all applicants by the sanctioning auth. Non declaration of results puts a question mark on transparency and fairness of the selection procedure.

3. Pl pass instrs to all Area HQs/Sub Area HQs/Stn HQs to declassify the results of selection as per Para1above without any further delay.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs(Less S&A Sec)	-	For info pl.
S&A Sec	-	Pl upload the same on ECHS website.

Tele:25684946
ASCON:36830.

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt-110010

B/49760/AG/ECHS/R/2018

01 Aug 18

IHQ of MoD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park),DAV
All Command HQs(A/ECHS)
All Area HQs (A/ECHS)
All Sub Area HQS(A/ECHS)
All Stn HQs (A/ECHS)
All Regional Centres ECHS

EMPLOYMENT OF CONTRACTUAL EMPLOYEES AT ECHS ESTABLISHMENTS

1 Further to this HQ letter No B/49760/AG/ECHS(R)/2017 dt 22 Dec 2017,

2 The amdt of this HQ letter No under ref is as under:

FOR Para 1(a) GoI,MoD letter No 22(6)/03/US(WE)/D(Res) dt 22 Sep 2003.

READ Para 1(a) GoI,MoD letter No 24(6)/03/US(WE)/D(Res) dt 22 Sep 2003.

(Brijesh Kumar)
Col
Jt Dir(Pers)
For MD ECHS

Internal

All Secs(Less S&A Sec)	-	For info pl.
S&A Sec	-	Pl upload the same on ECHS website

Tele25684946
ASCON 36832
E-mailidpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD(Army)
Maude Lines.
Delhi Cantt-110010

B149760/AG/ECHS/R/2018

24 Aug 2018

IHQ of MoD (Navy)/PD ECHS (Navy)
Air HQ Subroto Park, DAV
All Command HQS (A/ECHS)
All Regional Centres (ECHS)
All Area HQs (ECHS)
All Sub Area HQs(ECHS)

EMP POLICY FOR RESERVATIONOF ESM

1 Ref the fwg:-

(a) This office letter No B/49722/AG/ECHS dt10 Sep 2004

(b) This office letter No B/49722/AG/ECHS dt 09 Dec 2004

(c) This office letter No B/497223/AG/ECHS dt10 Nov 2004.

(d) This office letter No B/49760/AG/ECHS(NC)/2018 dt 23 Jul 2018.

(e) This office letter No B/49760/AG/ÉCHSMC/2018 dt17 Jul 2018.

(f) This office letter No B/49760/AG/ECHS(WC)/2018. dt19 Jun 2018.

2 Ex-Servicemen Contributory Health Scheme was approved by Govt of India, Ministry of Defence in 2002 and became operational as a mandatory scheme wef 01 Apr 2003.

3. Eligibility criteria for employment at ECHS Polyclinic for ESM has been laid down by Govt of India, Ministry of Defence vide their letter No 24 (6)/03/US (WE)D (Res) dt 22 Sep 2003.

4. GoI reserved the category wise reservation percentage for the appointment in the ECHS. The reservation criteria for ESM at ECHS Polyclinics laid vide para 8 (Appendix A & B) of GoI letter No under ref is as follows:-

(a) 100% reservation for Ex-Servicemen for the post of OIC.

(b) 60% reservation for Ex-Servicemen for the post of Medical Staff (MOs, Specialists and DOs)

(c) 70% reservation for Ex-Servicemen for the post of Para Medical and Non medical staff.

5 To avail the reservation for contractual employment in ECHS Est the individual should be an ESM. Eligibility criteria entails a defence pers to meet the criteria of ESM as specified by DoPT from time to time.

6 The definition of ESM as per DoPT Govt of India is as under:-

(a) **Those who were released between 01 Jul 66 and 30 Jun 68 (both days inclusive**) -Any person who has served in any rank (whether as a combatant or not) in the Armed Forces of the Union, has been released three from otherwise than by way of dismissal or discharge on account of misconduct or inefficiency.

(Authority:Min of Home Affairs Notification No F14/26/64-Est(D)dt11Oct1966)

(b) **Those who were released between 01Jul 68 and 30 Jun 71 (both days inclusive)** Any person who has served in any rank (whether as a combatant or not) in the Armed Forces of the Union for a continuous period of not less than six months and released there from otherwise than by way of dismissal or discharge on account of misconduct or inefficiency.

(Authority: Min of Home Affairs Notification No 14/11/68-Esst(D)/Esst-(C)dt13 Feb 69)

(c) **Those who were realised between 01 Jul 71 and 30 Jun 74 (both days inclusive) -** Any person who has served in any rank (whether as a combatant or not) in the Armed Forces of the Union and has been released there from otherwise than by way of dismissal or discharge on account of misconduct or inefficiency.

(Authority: Cabinet Secretariat, Department of Personnel Notification

(d) **Those who were released between 01 Jul 74 and 30 June 79 (both days inclusive)-** ESM means a person who has served in any rank (whether as a combatant or non-combatant) in the Armed Forces of the Union, for a continuous period of not less than six months after attestation and has been released there from otherwise than by way of dismissal or discharge on account of misconduct or inefficiency :

(Authority: Cabinet Secretariat Department of Personnel & Administrative Reforms NotificationNo13/24/73-Esst(C) dt 26 Oct 74)

(e) **Those who were released between 01Jul 79 and 30 Jun 87(both days inclusive)-** Any person who has served in any rank (whether as combatant or not)in the Armed Forces of the Union for a continuous period of not less than six months after attestation and has been released there from otherwise than by way or dismissal or discharge on account of misconduct or inefficiency and not less than five yrs service if discharged at own request.

(Authority:DepartmentofPersonnel&AdministrativeReformsNotificationNo39016/10/79-Esst(C)at15Dec79):

(f) **Those who were released on or after 01 Jul 87 -** Any person who has served in any rank (whether as combatant or not) in the Armed Forces of the Union and was released / retired with any kind of pension from Defence Budget or released on completion of specific terms of engagement with gratuity otherwise than at his own request or by way of dismissal or discharge on account of misconduct or inefficiency.

(Authority: DOPT & T OM No 36034/5/85-Esst(SCT)dt14 Apr 87)

(g) **Personnel of Territorial Army** - Who are pension holders for continuous embodied service persons with disability attributable to military survive and gallantry award winners retired on or after 15 Nov 86.

(Authority: DOPT&TOM NO 36034/5/85-Esst(SCT)dt 14 Apr 87).

(h) **Personnel of Army Postal Service-** Personnel of Army Postal Service are a part of regular Army and retire from such service (that is directly from APS without reversion to P&T Department with a pension or who have been released from such ser vice on medical grounds attributable to military service or circumstances beyond their control and awarded medical or other disability pension shall come within the definition of ex-servicemen.

(Authority: Min of Defence OM No 9(52)/88(D)(Res)dt 19 Jul 89)

Note: As per Govt of India, Min of Def Department of ESW OM: No 119/2010/D(Res-1) dt 20/21 Jul 2011, personnel who were on deputation in APS for more than six months prior to14 Apr 87 would also be considered as ex-servicemen with all consequential benefits.

(j) **Recruits -** Who are boarded out/released on medical grounds and granted medical/disability pension. However, the operation of the OM has been kept in abeyance for issuance of notification by DOP & T,

(Authority: Min of Def/Department of ESW OM No12/1/2005/D(Res) dt 01 Feb 2006)

(k) **Those who were released on or after 10 Oct 2012****-An ex-servicemen means a person:-

(i) Who has served in any rank whether as a combatant or non combatant in the Regular Army Navy and Air Force of the Indian Union and:-

(aa) Who either has been retired or relieved or discharged from such service whether at his own request or being relieved by the employer after earning his or her pension, or

(ab) Who has been relieved from such service on medical grounds attributable to military service or circumstances beyond his control and awarded medical or other disability pension; or

(ac) Who has been released from such service as are sult or reduction in establishment;-

Or

(ii) Who has been released from such service after completing the specific period of engagement, otherwise than at his own request, or by way of dismissal or discharge on account of misconduct or inefficiency and has been Given gratuity and includes personnel of the Territorial Army namely, pension holders for continuous embodied service or broken spells of qualifying service :

or

(iii) PersonneloftheAmyPostalServicewhoarepartofRegularArmyandretiredfromtheArmyPostalServicewithoutreversion to their parent service on medical grounds attributable to or aggravated by military service or circumstances beyond their control and awarded medical or other disability pension;

or

(iv) Personnel, who were on deputation in Army Postal Service for more than six months prior to the14"April1987;.

or

(v) Ex-recruits boarded out or relieved on medical ground and granted medical disability pension irrespective of the date of boarding out/ released.***

** Authority : DOP&T office Memo No 36034/1/2006- Est (Res) dt 04 Oct 2012 and this order came into force from the date it is published in the Gazette of India vide GSR 757(E) dt 10 Oct 2012.

*** **Authority** : Min of Defence, Department of Ex-Servicemen Welfare D(Res)O M dt 07Jul 2014 ex-recruits have been granted ESM status irrespective of the date of boarding out/release.

Note: The eligibility of the person to the status of ex-servicemen will be governed by the definition in vogue at the time of his discharge and will not be affected by the changes in the definition subsequent to the discharge.

7. In view of the above, for contractual employment at ECHS a defence pers should meet the status of being an ESM where as to become ECHS beneficiary. He should be an ESM and drawing pension from defence budget.

8. This letter supersedes all the previous correspondence on the subject.

(Bal Singh Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs

Tele:011-25684946
ASCON:36832
Mail: diropsechs-mod@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army)
Maude Lines
DelhiCantt-110010

B/49760/AG/ECHS/R/2018

17 Sep 2018

IHQ of MoD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs(A/ECHS)
All Regional Centres ECHS

REVISED FORMAT OF MOA FOR CONTRACTUALLY EMPLOYED STAFF IN ECHS ESTABLISHMENTS

1 MOA signed between Stn Cdrs and contractual employees is an essential document to regulate the contract. Govt has approved fresh MOA format to be signed between contractually employed persons and Stn Cdrs as per GoI (MOD) letter No. 22D (06)/2015/WE/D (Res-1) dt 06 Sep 2018 (copy enclosed).

2 The following actions will be taken

(a) All contractual employments will now be regulated as per the current MOA

(b) All contractual employees including the cases whose renewal of contract is done will be regulated as per this docu and initial MOA will be signed accordingly.

(c) Duration of contract and remuneration will be clearly mentioned and special case will be taken for transfer vacancies' which are specifically allowed upto a specified period and payment is regulated as per the vacancy against which the employment has been done :

(d) Fresh MOA will be signed for those employees who are already employed by 31Oct 2018 including those who are working at different establishment like CO ECHS, RCs, Service Hosps etc.

3. All RCs will ensure that a copy of this documents fwd to all Stn HQs under their AOR for implementation:

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls.(One).

Copy to:
All Area HQs
All Sub Area HQs

Internal:

All Secs.- S&A Sec to upload on ECHS website

No.22D(06)/2015/WE/D(Res-1)
Government of India:
Ministry of Defence

New Delhi dated 6 September 2018

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject:-AGREEMENT BETWEEN CONTRACTUALLY ENGAGED PERSON AND STATION COMMANDER FOR RENDERING SERVICES TO ECHS ESTABLISHMENT

Sir:

I am directed to convey the sanction of the Competent Authority to the format of Agreement to be entered between contractually Engaged Persons and Station Commanders For rendering services in ECHS establishments as embodied in the Annexure to this letter. The will be applicable with effect from the date of issue of the letter.

2. This supersedes MOD letter No. 24(6)/03/US(WE)/D(Res)Pt-III dt 15 June 2006

3. This issues with the concurrence of the Ministry of Law & Justice vide their Dy. No: 0327/XVIII/LA(DEF) dated 4.3.18 and MoD (Finance/Pension) vide their ID No.: 32(09)/2018/Fin/Pen dated 2.8.18.

Yours faithfully,

(A.K. Karn)

Under Secretary to the Govt. of India
Telefax : 23014946

Copy to:

1. MOD(FIP)
2. CGDA, New Delhi
3. AG, ÍHQ of Mod(Army)
4. COP,IHQofMOD(Navy)
5. AOA, Air HQ(VB)
6. MD ECHS
7. Defence Attache, Kathmandu(Nepal)

Copy signed in ink to:
All PCDA/ CsDA

ANNEXURE TOMOD,DOESW, LETTER NO No. 22D(06/2015/WE/D(Res-1)DATED
6th September,2018

TERMS & CONDITIONS : CONTRACTUAL EMPLOYEES OF ECHS

1 The ECHS hires the professional services of Dr/Shri/Smt_____the Engaged Person, as the _____(designation or nature of work) and any other work for the betterment of ECHS Polyclinic at-_____(Place) and Dr/Shri/Smt _____(Name of Engaged Person)has agreed to provide his professional services in that capacity at the above mentioned Polyclinic for a period 12 months.

2. The employment of the staff will be entirely contractual in nature and will be for a period of two years at the maximum based on the selection process by the competent authority subject to review of their conduct and performance after eleven months.

3. The ECHS reserves the right to terminate the appointee by giving 30 days notice or by paying remuneration for 30 days in lieu of notice any time during the tenure even without assigning any reason or misconduct or failure to perform assigned duties to the satisfaction of the Station Commander acting through the Officer-in-Charge Polyclinic/nominated Officer.

4 The Engaged Person will be paid the total consideration for his services in the form of a consolidated (compensation) of Rs _____(amount) per month or as amended by GOI and no other financial gain, assistance, facilities, perks, allowances, non practicing allowance etc will be admissible to him/ her (except EPF if applicable, refer Para5 below). The said Engaged Perso n hired on contractual basis will not been titled for any gratuity or terminal benefits whatsoever. The Payment of consideration shall be made by ECHS to the Engaged Person on the monthly basis after duty of the month is over. The engaged person is not entitled to avail any medical facility from ECHS unless he/she is eligible member of ECHS

5. EPF & MP Act 1952 will be applicable for ECHS est PAN India less the state of Jammu & Kashmir. In Jammu & Kashmir; EPF & MP Act scheme1960 and EDL scheme 2000 will be applicable. Amended provisions for these rules will also automatically apply.

6 The Engaged Person shall be entitled leave @ 2.5 days for every completed month, which will be lapsed, if accumulated, at the end of six months from the date of signing of MoA.

7. The Polyclinic can employ a relief if the duration of absence of an employee exceeds 20 days at a stretch. The services of the contractual employees will be terminated by the appointing authority without any notice in case absence period exceeds 60 days.

8. Pro-rata deduction from total monthly consideration shall be made for absence in excess of entitlement i.e. 2.5 days for every completed month subject to a total of 30 days in a calendar year.

9. This is a full time appointment. Hence the Engaged Person shall not accept any other appointment, paid or otherwise. Private practice is strictly prohibited.

10 The Engaged Person shall always perform duties under the directions and supervision of the Station Commander acting through the Officer-in-Charge Polyclinic/ nominated Officer.

11 The Engaged Person shall furnish police verification within 60 days of signing of this agreement failing which his/her services will be terminated immediately without notice.

12. Any declaration given or information furnished by the appointee if found to be false or if any material, information is found to besuppressedthentheappointeeshallbeliableforterminationfromcontractualappointmentwithoutprejudicetosuchotheractionby the ECHS authorities as deemed necessary. The appointee will be liable for recovery of all remuneration paid during holding of contractual appointment based on false information.

13. All policy/administrative instruction issued by Central Org ECHS or any other HQs dealing with ECHS will be binding on the employee.

14 An individual removed on ground of indiscipline inefficiency/any inadequacy from any ECHS establishment at any time will not be eligible for employment at any stage in ECHS organisations.

15 The engaged Person shall indemnify ECHS against all third party claims or proceedings in respect of his professional negligence, misconduct or deficiency in service The engaged person declares and acknowledges that the engagement under this contract is temporary and contractual in nature and that he/she will, therefore, have no right to approach any court of law for extension of his/her service in ECHS beyond the contractual period stipulated in this agreement. This agreement constitutes the entire agreement between the ECHS and the Engaged Person, and supersedes all prior Agreements, understandings, negotiations, correspondence or discussions whether written or oral relative to the subject matter hereof.

16. The engaged person will conduct himself/ herself in a professional manner with high estethical, moral and financial standards and will not indulge in any malpractices, unethical practice, and financial misappropriation, misuse of organization's property or administrative irresponsibility.

17. The engaged person will also have the right to terminate this agreement before the expiry of tenure of contractual appointment by giving one month's notice or by foregoing one month's contractual amount as consideration for engagement of services.

18. During his/her tenure of contractual engagement with the ECHS Polyclinic, the engaged person shall NOT have any association or dealing, direct or indirect, in any manner with any ECHS Empanelled Hospitals/Nursing Homes/Dental Centres Diagnostic Centres/Authorised Local Chemists and suppliers of goods or services or medicines or facilities etc. That the contract of the engaged person will be terminated if he/she is found involved in accepting any employment, pecuniary benefits, gifts, bribes, commission, favours of any kind or business promotion incentives, directly or indirectly, for himself/herself or any family member, from private or Empanelled Hospitals/ Nursing Homes/ Dental Centres/ Diagnostic Centres/ Authorised Local Chemists and suppliers of goods or services or medicines or facilities etc; or if the Engaged Person is found involved in promoting the business interest of the aforesaid healthcare/ Medicare business entities.

19. The contractual appointment and continuation thereof, if any, shall be governed exclusively by the terms and conditions stated herein above

IN WITNESS whereof the parties aforementioned have executed this agreement on _____day of_____(month), _____(year) at _____(place)

WITNESSES

1 _____

(Signature)

_____

(Name & Address)

_____

Signed by Station Commander
As authorised official for ECHS
For and on be half of
The President of India

2 _____

(Signature)

_____

(Name & Address)

Address_____

_____

_____

Signed by Engaged Person

1. _____

(Signature)

_____

(Name & Address)

_____

2. _____

(Signature)
(Name & Address)

Shri/ Smt Name_____
Address_____

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD(Amy)
Maude Lines
Delhi Cantt-110010

149760/AG/ECHS/R/2019

16 Jan 2019

IHQ of MoD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs (A/ECHS)

ISSUE OF EXPERIENCE CERTIFICATE

1 All employees in ECHS are contractual in nature and no experience cert was being issued as per instrs on the subject.

2 To address the concerns of ECHS contractual employees, experience cert as per att format can be issued. The following will be ensured prior lo issue of experience certificate:

(a) A written application will be obtained from the contractual employee indicating the purpose.

(b) Experience cert will be issued for the duration of unbroken period in one cert viz if an employee has worked from 01 Jan to 30 Nov 17 and then from 08 Dec 17 to 30 May18, two experience certs will be issued, one for each period. All periods will not be combined in one certificate.

(c) Record of the issue of certs will be maint in the PC in a register.

(d) Details of warning/disciplinary record will be ensured to been entered as per format. Details of such cases will be also fwd to RC concerned.

(e) Cert will be issued against receipt and will be given to the contractual employee only.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encl.One.

Copy to

Al RCS - For promulgation to all PCs.

Internal

All Secs - S&A to upload on ECHS website

Tele:25684946
ASCON:36832
mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant Generals Branch
IHQ of MoD(Army)
Maude Lines
Delhi Cantt-110010

B/49760/AG/ECHS/R/2019

17 Jan 2019

IHQ of MOD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs(A/ECHS)
All Area HQs (A/ECHS)
All Sub Area HQs(A/ECHS)
All Stn HQs (A/ECHS)
All Regional Centres ECHS

EMPLOYMENT OF CONTRACTUAL EMPLOYEES AT ECHS ESTABLISHMENTS

1. Ref this HQ letter No B/49760/AG/ECHS(R)/2017 dt 22 Dec2017.

2. Following changes to the ibid Para 12 and Para 19 of policy letter dated 22 Dec 17 have been approved for necessary implementation:

Para 12.(Tenure of Contractual Employees)

FOR.

Any candidate can apply for multiple times for contractual employment of two years duration in any ECHS establishment subject to all eligibility criterias. In such cases of employment, minimum seven days gap will begiven. Formations will ensure staggered date of employment to ensure that the Organisation run smoothly. If a contractual employee has completed two years (24 months, 15 days or more to be counted as completed month) or more in all ECHS establishments. Put together as on 31Mar 2018 based on extensions without fresh selection process, he/she has to apply for vacancies occurring for the duration wef 01 Apr 2018 onwards and go through entire selection process with all fresh applicants to ensure that the best are employed for this scheme for delivery of the service. The duration as existing vide letter at Para 1 (d) stands superseded wef 01 Apr 2018

READ.

(a) Any candidate can apply for multiple times for contractual employment of two years duration in any ECHS establishment subject to all eligibility criterias. In such cases of employment, minimum seven days gap will begiven. Formations will ensure staggered date of employment to ensure that the Organisation run smoothly. If a contractual employee has completed two years (24 months, 15 days or more to be counted as completed month) or more in all ECHS establishments. Put together as on 31Mar 2018 based on extensions without fresh selection process, he/she has to apply for vacancies occurring for the duration wef 01 Apr 2018 onwards and go through entire selection process with all fresh applicants to ensure that the best are employed for this scheme for delivery of the service. The duration as existing vide letter at Para 1 (d) stands superseded wef 01 Apr 2018.

(b) In case of OIC Polyclinic, overall cumulative tenure will not be more than five years as on 31 Mar 19 except in case where not even a single suitable candidate is available and it is considered essential to appoint the person for running of the Polyclinic. If a person applies for OIC Polyclinic appt and found fit, he will be employed in the same Polyclinic whereas if not found fit, he will not be employed in any other Polyclinic Pan India. Normal retirees will be given preference over PMR cases

Para19.(Condition of Ineligibility)

FOR.

Offrs holding appts of SO ECHS at any HQ were ineligible for three years as per our letter No B/49760/AG/ECHS (R) (i) dated 24 May 2011, which was reduced to one year as per our letter No B/49760/AG/ECHS (R)/2016 dated 04 Jan 2016. Please ensure that there is clear 12 months gap between the date of superannuation and first of next month in which advertisement is placed for the vacancies. All appts of SOECHS screened for ECHS appts will be screened with this 'Cooling off' period. All selections not meeting the QR will be termed as 'null and void'.

READ

(a) Offrs holding appts of SO ECHS at any HQ were ineligible for three years as per our letter No B/49760/AG/ECHS(R)(i) dated 24 May 2011, which was reduced to one year as per our letter No B/49760/AG/ECHS (R)/2016 dated 04 Jan 2016. Please ensure that there is clear 12 months gap between the date of superannuation and first of next month in which advertisement is placed for the vacancies. All appts of SOECHS screened for ECHS appts will be screened with this 'Cooling off' period. Alls elections not meeting the QR will be termed as 'null and void'.

(b) All those including contractual employees who have worked in ECHS ests, will have clear gap of one year between the last ECHS appt held and when the appt is taken in any empanelled hosp. Please replace one year in place of two years in our letter No B/49760/AG/ECHS/R/2018 dt 25 Jul 18 as well.

(c) Those who have worked in any empanelled hosp will also have clear gap of one year from the date of appt left in an empanelled hosp and the date they join any ECHS est.

(d) Any one not meeting these norms will be given mandatory notice of 30 days for termination of contractual employment.

Appointmentandmgtofcontractualemployeeswillbedoneasperourpolicyletter No 49760/AG/ECHS(R)/2017 dt 22 Dec 2017 as amended by this letter.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

Internal

All Secs - S&A to upload on ECHS website. S&A to coordinate with UTI ITSL for promulgation to all emp hosps.

Tele:25684847
ASCON:36832
Tele:diropsechs-mod@.nic.in

Central Organisation ECHS
Adjutant General's Branch
HQ of MOD (Amy)
Maude Lines
Delhi Cantt-110010

B/49760/AG/ECHS(R)/2019

28 Jan 2019

IHQofMoD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQS(A/ECHS).
All Regional Centres ECHS

PAYMENT OFSPECIALISTS

1. Govt has accorded approval for enhanced & standardized payment to all specialists in ECHS as per their letter No 22D (19)/2017/WE/D(Res) dated 06 Jun 18 (Encls 1).

2. Para 4 of the said letter has been deleted vide their letter No22D(19)/2017E/D(Res-1) dated 24 Jan19 (Encls2).

3. Payment to specialists be made at the rate of Rs one lakh/month wef 24 Jan 19 and no deduction of pension be made from contractual remuneration of any ECHS employees.

4. All Stn HQs/paying ests be informed and copy of the encls be fwd.

(Bal Singh Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encls:(Two)

Copy to:

MoD(DoESW) - For info wrt letter No 22D(19)/2017WE/D(Res-1)dt 24 Jan19.

Internal

All Secs - for info along with encls.

Tele:25684946
ASCON:36830

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
DelhiCantt-110010

B/49760/AG/ECHS/R/2019

31 Jan 2019

IHQ of MoD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs(A/ECHS)
All Regional Centre ECHS

EMPLOYMENT OF SPECIALISTS IN ECHS POLYCLINICS (MED SPECIALIST, GYNAECOLOGIST & RADIOLOGIST)

1. Monthly pay of Specialists has been upwardly revised as Rs One lakh/month wef 24 Jan 2019 besides being delinked from first/sec year model.

2. Specialists are currently being given the said pay while working only for fivehours in a day as against eight hours by other contractual employees. It has been reported by some Polyclinics that Specialists don't see normal patients viz Gynecologist doesn't see patients unless it is Gynecology related. Such an approach is not patient friendly as all specialists are MBBS also.

3. It will be therefore instr to all Polyclinics under your AOR where Specialists are posted to treat other patients also when specialized treatment category is not available.

(Bal Singh Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Internal

All Secs - - S&A Sec to put on ECHS website.

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army)
Thimayya Marg
Gopinath Bazar
Near Gopinath Circle
Delhi Cantt-110010

B/49760/AG/ECHS/R/2019

04Jun 2019

All Command HQs(A/ECHS)
IHQ of MOD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV

MATERNITY BENEFITS ACT, FOR CONTRACTUAL STAFF EMPLOYEE AT ECHS POLYCLINICS

1. Further to MoD, GOI letter No 22D(19)09/US(WE)/D(Res) dt 22 Sep 2010.

2. The Ministry of Labour and Employment has informed that as per section 5, Sub Section (2) and (3) of the Maternity Benefit Act 1961 any women employed, whether regular or contractual, who has completed 80 days in preceding 12 months and is due to proceed on maternity leave for not more than 08 weeks preceding her expected dated of delivery is entitled to Maternity benefit. in this connection a copy of GoI, MOD letter No 22(08)/2018/E/D(Res-I) dt 21 May 2019 is fwd herewith.

3. You are requested to take necessary action accordingly.

(Bal Singh Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Encl:-(As above)

Copy to:

All Regional Centres ECHS	-	for promulgation to all Polyclinics.

Internal

All Secs	-	S&A sec to upload on ECHS website.

Tele:25684946
ASCON:36832
Email jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg.
Near Gopinath Circle
Delhi Cantt-110 010

B/49760/AG/ECHS/2019

24 Aug 2019

All Command HQs(A/ECHS)
IHQ of MoD(Navy)/ PD ECHS(Navy)
Air HQ (Subroto Park), DAV

MATERNITY BENEFITS ACT, FOR CONTRACTUAL STAFF EMPLOYEE AT ECHS POLYCLINICS

1. Further to this Org letter No B/49760/AG/ECHS/R/2019 dt 04 Jun 2019.

2. The fwg aspects have been clarified on the above sub:

(a) **Quantum of Maternity benefits**. A total of max 26 weeks maternity benefits is allowed to an emp out of which not more than 8 weeks preceding her expected dated of delivery.

(b) **Maternity benefit with salary**. No salary will be deducted for the period.

(c) **Arrangement for duty** Stn Cdr can employ relief for the period of maternity leave as in the case of temp appt for 89 days.

(d) **Addl Expenditure.** Addl expdr will take place due to addl no of employee recruited to make arrangements for performing duty during the absence of emp proceeding on maternity leave. Details of known case of emp likely to proceed on maternity leave during the current financial year be fwd to this office by 30 Aug 2019.

3. You are requested to disseminate this in your AoR.

(Bal Singh Sisodia)
Col
Dir (Ops & Coord)
for MD ECHS

Encl:-(As above)

Copy to:

All Regional Centers ECHS - for promulgation to all Polyclinics.

Internal

All Secs - S&A sec to upload on ECHS website.

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines
Delhi Cantt-110010

B/49760/AG/ECHS/R/2019

09 Jul 2019

IHQ of MoD(Navy)/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs(A/ECHS)
All Regional Centres ECHS

ADVISORY: EMP OF CONTRACTUAL STAFF AT ECHS POLYCLINICS

1. Ref the fwg:
   (a) This HQ letter No B/49760/Vav/AG/ECHS dt 10 Jan 2019.
   (b) This HQ letter No B/49760/AG/ECHS(R)/2017 dt 22 Dec 2017.
2. It is intimated that there is no requirement of Police Verification for ESM during the employment in ECHS.
3. You are requested to disseminate this in your AOR.

(Bal Singh Sisodia)
Col
Dir(Ops&Coord)
for offg MD ECHS

Copy to:

Internal

All Secs- - S&A to upload on ECHS website .S&A to coordinate with ITSL for Promulgation to all emp hosps.

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Gopinath Bazar
Delhi Cantt-110010

B/49760/AG/ECHS/R/2019

22 Jul 2019

IHQ of MOD(Navy)/ PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs (A/ECHS)
All Regional Centres ECHS

GRADUATIONCERTIFICATEISSUE BY VERIOUS RECORDS OFFICE TOESM

1. It has been brought to the notice of this office that some Stn HQ/ offices are not honoring the graduation certificate issued by offices/ Records which deprive ESMs to obtain employment where basic essential qualification is graduation and where experience of tech or professional vaternce is not essential.

2. You are requested to instruct all concerned to consider graduation certificate issued by Record offices as qualification where graduation specified as essential qualification without any professional or technical experience.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copyto:

Internal

All Secs - S&A sec to upload on echs website.

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
DelhiCantl-110010

B/49760/AG/ECHS/2019

30 Sep 2019

All Command HQs (A/ECHS)
IHQ of MoD (Navy)/ PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Regional Centers ECHS

EMPOF CONTRACTUALSTAFF AT ECHS POLYCLINICS

1. The recruitment of contractual staff of ECHS is being done at Stn HQ level for their dependent Polyclinics. GoI has specified the procedure to be followed for recruitment of the contractual staff. Following aspects have been enumerated in the GoI,MOD letter No 22(6\/03/ US (WE)/D(Res) dt 22 Sep 2003:

(a) Category wise auth of contractual staff at Polyclinics.
(b) Reservation of EŞMs.
(c) Process of Recruitment.
(d) Composition of Board of Officer.
(e) Declaration of result.
(f) Signing of MOA by Stn Cdr and employee.

3. It has come to notice that, there have been cases in where some contractual staff have resigned after being involved in disciplinary cases/ malpractice to avoid investigations and getting blacklisted. Resignation of such employees should not be accepted till investigations are complete, Any contractual employee resigning before the completion of contract, his resignation on to be excepted and indl will not be employed at any Polyclinic. Name of such indls will be fwd to this HQ for compilation.

4. In view of above, it is requested that name of contractual emp i.e. Medical staff, Para Medical Staff and Non Med staff who are selected for appt will be fwd to Central Org ECHS through Regional Center ECHS for vigilance Clearance from Central Org ECHS before appt.

5. All Sin HQs are requested to follow the reservation procedure as promulgated vide GoI, MOD letter No 22(6)/03/ US (WE)/D(Res) dt 22Sep2003 i.e if any D type Polyclinics has allowed only one Doctor he should be an ESM. Reservation for ESM is given as under : -

(a)	OIC Polyclinic	-	100%
(b)	Med Staff:	-	60%
(c)	Para Med Staff	-	70%
(d)	Non Med Staff	-	70%

6. This is for your info and strict compliance please.

(Bal Singh Sisodia)
Col
Dir(Ops&Coord)
For MD ECHS

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cant-110010

B/49760/AG/ECHS/R/2020

12 Jan 2020

(.....)
All Command HQS (A/ECHS)

IHQ of MoD(Navy)/PDECHS(Navy)

Air HQ (Subroto Park), DAV

EMPLOYMENT OF CONTRACTUAL EMPLOYEES AT ECHS ESTABLISHMENTS

1. Further to CO ECHS letter No B/49760/AG/ECHS/R/2017 dt 22 Dec17.

2. The reservation for contractual employees for employment in ECHS est as per GoI, MoD letter No 24 (6)/03/US(WE)/D(Res) dt 22 Sep 2003 is as under:

Sl No	Category	Percentage of Vacancies	
		Reserved for ESM	Open vacancies
(a)	Medical Officers/Spl/Dental Officers	60	40
(b)	OIC	100	

3. Large number of queries are being recd telephonically on clarification regarding extn of civilian Medical Officers and Dental Officers hired on Vacs against ESM. Also large number of court cases have been filed by contractual employees in r/o continuation of second year based on satisfactory performance as per the existing policy. Hon'ble Courts have also given stay order on the same which is causing extra financial burden to the ECHS.

4. It is clarified that in r/o ESM vac for Medical Officers and Dental Officers against whom Civilian candidates are hired for Eleven months, such vac may be put on advt and if NO ESM applying for the these post, Civilian candidates who are already emp on these vacancies will be given extn based on their satisfactory performance of the previous year and NO fresh interviews to be conducted for second year.

5. For info and further necessary action pl.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

(_____)

(All Regional Centre& Stn HQs)

Tele:25684946
ASCON:36832
Tele: jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army)
Maude Lines
DelhiCantt-110010

B/40760/AG/ECHS/R/2020

20 Feb2020

HQ of MoD (Navy/PDECHS(Navy)
Air HQ (Subroto Park), DAV
All Command HQs(A/ECHS)
All Area HQs (A/ECHS)
All Sub Area HQs(A/ECHS)
All Stn HQs (A/ECHS)
All Regional Centres ECHS

EMPLOYMENTOFCONTRACTUALEMPLOYEES AT ECHSESTABLISHMENTS

1. Ref Para(30) of Central Org ECHS letter No B/49760/AG/ECHS/(R)/2017 dt 22 Dec 2017.

2. The criteria of 33% marks to be scored by all applicants to qualify for contractual employment should be adhered to in all the parameters incl Professional Competence laid down by respective HQ and also in overall score obtained by the applicant. Candidates unable to fulfill the above reqmt may not be considered for grant of employment at ECHS ests.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

All Secs (Less S&A Sec)	-	For info pl.
S&ASec	-	Pl upload the same on ECHS website.

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's
Branch IHQ of MOD
(Army) Gopinath Bazar
Delhi Cantt-110010

25 Feb2020

B/49760/AG/ECHS/R/2020

(_____)
All Command HQs (A/ECHS)
IHQ of MoD(Navy)/PD ECHS(Navy)
Air HQ (Subroto Park), DAV

PATIERNOF REMUNERATIONECHS

1. Ref GOI MoD letterNo24(06)03/US(WE)/D(Res) dt 14 Feb 2008.

2. The ECHS has 427 Polyclinics which are located in 353 Distt across the country ECHS cover Rural and Urban both Areas. There are places where there are no professionals willing to work for time due in remote locality. This problem is largely due to ECHS covering remote and far flung are where there are no full time employees available. Places like Dharamshala, Shergarh, Jalipa, Hamirpur, Akhnoor, Leh, Mandi, Shimla, Moga, Puri, Garhwal, Sultanpur, Almora, Ara, Latur, Aizwal, Sagom, Angul, Bhuj Bhilwara are some of the Polyclinics Where retired quality pets are settled leading a retired life. They are willing to work on hourly basis for limited hour Employing them will resolve the issue of non availability of required trained personnels and provide quality health care to ESM. This proposal will ensure best health care if these pers are employed on hourly basis. This will increase the satisfaction of ESM and will also be a saving to exchequer as they will be paid on hourly basis rather than regular monthly remuneration.

3. The approval for part time employment will be given by GOC Sub Area or equivalent. Where Sub Areas are commanded by offrs below the rk of Maj Gen the approval will be given by GOC Are HQs/Corps Cdr Part time employment of indicated category is allowed where it is not possible to services of employees on full time basis. The total remuneration paid to part time employees wi ll not exceed the pay authorised to that category in a month.

Monthly Remuneration X 12
267x(No of hours authorized perday)

Remuneration for Specialist Doctor engaged for five hours per day:-

Procedure for monthly remuneration for those engaged for						
S. No.	Category	Full-time(5 hours)	Part-time(4 hours)	Part Time(3 hours)	Part Time(2 hours)	Remarks
(a)	Specialist Doctor (Med Spl.Gyne,&Radiologist)	Rs.1,00,000/- Per month	Rs.3595/-per month	Rs.2696/-per month	Rs.1797/-per month	Per day Monthly payment will change in Case monthly Payment will be revised.

Remuneration for other staff engaged for eight hours per day:-

Procedure for monthly remuneration for those engaged for								
S. No.	Category	Full Time(8 hours)	Part Time(6 hours)	Part Time(5 hours)	Part Time (4hours)	Part Time(3 hours)	Part-time (2hours)	Remarks
(a)	Specialist Doctor (MedSpl.Gyne,& Radiologist)	Rs.75,000/-	Rs.2527/- per day	Rs.2106/- per day	Rs. 1685/- per day	Rs.1263/- per day	Rs.842/- per day	Per day monthly payment will change in case monthly payment will be revised.
(a)	Para Med/Para Dental Staff	Rs.28000/-	Rs946/- per day	Rs789/- per day	Rs630/- per day	Rs473/- Per day	Rs315/- per day	

4. In this connection MoD letter dt 05 Feb 2020 is enclosed.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

(All Regional Centre& Stn HQs)

Tele:25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation
ECHS Adjutant General's
Branch IHQ of MOD
(Army)Thimayya Marg,
Near Gopinath Circle
Delhi Cantl-110010

B/49760/AG/ECHS/R/2020

16 Sep 2020

(_____)
All Command HQs (A/ECHS)
PD New (HQ of MoD)
DAV, Subroto Park, IHQofMoD

BOO FOR CONTRACTUAL EMPLOYMENT

1 Pl ref Central Org letter No B/49760/AG/ECHS(R)/2020 dt 10 Jul 2020.

2 The aim of incl rep of the Regional Centre in the boo for contractual employment was to allow tech assistance to the Bd with policies and advisories concerning contractual staff. Numerous requests for waiver are being recd at this office for BOO where tech aspect have inadvertently not been followed leading to unwarranted delays and fail accompli sit availability of rep Regional Centre whether as a member or associate member for tech advice and inputs physical presence not mandated) would have largely ensured minimizing of procedural inaccuracies.

3. It is cleared that physical presence of rep of Regional Centre as a member in the BOO for contractual Employment is not mandatory. He/she may be incorporated as a member/Associate Member duty keeping in view the offr complement of a Regional Centre and the consequent effect of absence of an offr on its functioning due to long distances, in view of the above, a member from R C is optional and may be dispensed with by the Convening Authority.

4. The Bd proceedings will continue to be processed by Stn HQ for approval of GOC Sub Area /Area through the Dir Regional Centre for tech vetting, whenever a rep is not part of the BOO in any capacity

5. For info and necessary action pl.

(Rajesh Dogra)
Col
Dir(Ops&Coord)
for MD ECHS

Tele:25684946
ECON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army)
Thimayya Marg
Near Gopinath Circle
DelhiCantt110010

17 Feb 2021

B/49760/AG/ECHS/R/2021

All Regional Centres

ECHS IHQ MoD(Navy)/PD Navy
Air HQ (VB)/Dte Of Air Veterans
HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd(A/ECHS)
HQ South Western Comd(A/ECHS)

CLARIFICATION BOARD OFOFFICERS FOR SELECTION OF CONTRACTUAL STAFF FOR ECHS POLYCLINIC

1. Ref CO ECHS letter No B/49760/AG/ECHS(R)(1) dt 24 May2011.
2. The above mentioned letter may be treated as cancelled...
3. For information and dissemination to all concerned.

(Sushila Patial)
Maj
JD Dir (Pers)
for MD ECHS

Tele25684946
ASCON:36832
EmailHdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt -110010

08 Mar 2021

B/49760/AG/ECHS(R)/2021

HQ Comds (A/ECHS)

(Air HQ)

(Naval HQ)

REVISED FORMAT OF MOA FOR CONTRACTUALLY EMPLOYED STAFF IN ECHS ESTABLISHMENTS

1. Pl ref CO ECHS letter No B/49760/AG/ECHS/R/2018 dt 17 Sep 2018 (copy encl)

2. It is intimated that court cases by contractual employees are on arise due to non adherence of laid down policies promulgated by CO ECHS. It is requested that MOA signed between Stn Cdr and contractual employee should be deliberately prepared especially in case of transfer vacancies which are allowed upto a specified period.

3. For necessary action pl.

(Sushila Patial)
Maj
JD Dir(Pers)
for MD ECHS

Encl:As above

Tele25684946
ASCON:36832
Email:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimmaya Marg
Near Gopinath Circle
DelhiCantt-1100101

B/49760/AG/ECHS/R/2021

01 Apr 2021

HQ Southern Comd(A/ECHS)
HQ Eastern Comd(A/ECHS)
HQ Western Comd(A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd(A/ECHS)
HQ South Western Comd(A/ECHS)
IHQ MOD (Navy) / PD Navy
Air HQ(VB)/Dte of Air Veterans
All Regional Centres ECHS

APPLICATION FOR OIC POLYCLINIC ECHS

1. Ref Central Org letter No B/49760/AG/ECHS/WC/Emp/2021 dt 23 Feb 2021.

2. Contents of paragraph 2 of the above mentioned letter be treated as cancelled and be amended as under:

FOR

A serving pers can apply for contractual employment in ECHS Polyclinics during the last year of service or re-employment provided he superannuates before the dt of Joining the contractual employment For example a serving pers retiring on 31 Mar 2021 can join ECHS Polyclinic on 01 Apr 2021.

READ

Any officer/ staff can apply for contractual employment in ECHS Polyclinics during the last year of service or re-employment after obtaining NOC from his/ her department provided he/she is superannuated/ retired before the date of joining the contractual employment. For example a serving personnel retiring on 31 Mar 2021 can join ECHS Polyclinic on 01 Apr 2021.

3. This letter supersedes earlier letters on the subject and will be considered effective from 23 Feb 2021onwards (date of issue of letter mentioned at paragraph 1 above).

(Rajesh Dogra)
Col
Dir(Ops & Coord)
for MD ECHS

Tele:25684946
ASCON36832
E-mail: jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Gopinath Circle
Thimayya Marg
Delhi Cantt-110010

B/49760/AG/ECHSWC/Emp/2021

18 Oct 2021

All Comd HQs(A/ECHS)
PD Navy; IHQ of MOD
Dte of Air Veterans
Air HQ (SP)

EXTENSION OF SERVICES OF CONTRACTUAL EMPLOYEESTFR VAC FROM CENTRAL POOL

1. Contractual employees employed against tfr vac from Central Pool may be given second year extension subject to satisfactory performance and good conduct of previous year to be established by the Stn Cdr if the same tfr /inlieuvac is allowed in the manning docu of next FY by the Central Org ECHS except if the vac is earmarked for ESM under reservation criteria, in that case vac will be advt again as per policy in vogue. No contractual employee will continue in ECHS beyond two years without having appeared as a fresh candidate after completing two years contractual employment and the second year extension, it granted, will be only upto the end of second financial years

2. For info pl.

(Sachin Balyan)
Lt Col
OffgJt Dir(Pers)
for MD ECHS

Copy to:

Regional Centre ECHS - For info wrt your letter No 4007/MP/Appt dt 11Sep 2021.
Chandimandir
PIN - 900475

Tele25684946
ASCON:36832
E-mail:jdpers@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD(Army),
Thimaya Marg
NearGopinathCircle
Delhi Cantt -110010

B/49760/AG/ECHS/Gen/2021

15 Dec 2021

(_____)
All Comd HQs

PDECHS Navy
IHQ of MOD

Dte of Air Veterans
Air HQ (Subroto Park)

APPT OF OIC POLYCLINIC

1. Pl ref CO ECHS letter No.B/49722/AG/ECHS dt 10 Sep 2004 (copy att).
2. Fwg amdt be updated in ibid letter:

   FOR

   Para 4(a). Only retired service offrs. Should be drawing a pension.

   READ

   Para 4(a). Only retired Service officers from Indian Army, Indian Navy and Indian Air Force and should be drawing pension from Defence estimates through CDA.

3. For info pl.

(Sushila Patial)
Lt col
Jt Dir (Pers)
for MDECHS

Copy to:

All RCS - For info pl.

Section - II

MEDICAL SECTION

Central Organisation Ex-Servicemen
Contributory Health Scheme (ECHS)
Adjutant General`s Branch
Room No 278 A, South Block
New Delhi l10011

B49773/AG/ECHS/Med Advance

16 Mar 04

CPS/Naval HQs
AOA/Air HOs
HQ Southern Command (A)
HQ Eastern Command (A)
HQ Western Command (A)
HQ Central Command (A)
HQ Northern Command (A)

PROCESING OF MEDICAL ADVANCES TO ECHS MEMBERS

Introduction

1. Empanelment of medical facilities for ECHS will be carried out strictly as per guidelines laid down by Govt of India. In all such cases a Memoranda of Agreement (MOA) will be, signed between the Station Commander and the empanelled facility. However, there are certain Hospitals of national repute and Govt Hospitals/Medical Colleges which may not accept the condition of executing a Memoranda of Agreement (MOA) with ECHS. They may demand advance payment from patients for treatment to be provided. procedures and is detailed in succeeding paragraphs, in order to benefit ECHS members
A system of medical advances is catered for in GOI/MOD availing treatment in such Hospitals.

Authority And Conditions where Medical Advance is permitted.

2. Medical advance is authorised vide Para 5 (c) of GOI letter No 24(8)/03/US(WE)/D(Res) dated 19 Dec 03, on 'Payment and Reimbursement for Medical Expenses'. Medical advances will be given only to ECHS members undergoing treatment in following hospitals:-

(a) All India institute of Medical Sciences, New Delhi.
(b) Post Graduate Institute, Chandigarh.
(c) Sanjay Gandhi Post Graduate Institute, Lucknow.
(d) National institute of Mental Health and Neurosciences, Bangalore.
(e) Tata Memorial Hospital, Mumbai (for Oncology)
(f) JIPMER, Pondicherry.
(g) Christian Medical College, Vellore
(h) Shankar Nethralaya, Chennai.
(i) Medical Colleges and Hospitals under the Central or State Governments.

3. ECHS Members desirous of availing treatment in above hospitals can only do so on referral by an ECHS Polyclinics, or in the interim by Service Hospital, on the ECHS Referral from. A Referral Regn. No. will be allotted for the purpose as detailed Vide this organisation letter No B/49771/AG/ECHS dated 05 De 2003.

4. Medical Advances will be given through the Cash Assignment by the Station Commander of the Station and will be provided as per limits laid below :-

Ser No	Type of Treatment	Amount authorized for Advance
(a)	Indoor treatment in Hospital for a General Condition	Rs.10,000 or amount recommended by physician where ever is less
(b)	Specialised procedure e.g. Cardiology, Knee transplant etc.	80% of package deal or amount demanded by Hospital

Procedure for applying for Medical Advances

5. ECHS members will, obtain and submits a Certificate/estimate, from the treating Physician/Medical Supdt of the recognized/Govt Hospital (at Para 2 above) to the Officer in charge ECHS-Polyclinic or, in the interim, to CO Service Hospital, along with his application for advance.

6. The O /C Polyclinic or CO Service Hospital wil thereafter submit the following 6. to the SEMO/SMO/PMO

(a) Application for advance from ECHS member, made on plain paper.
(b) Photocopy of ECHS Smart Card.
(c) Details of Referral form and Regn No duly authenticated, ICD Code,
(d) Diagnosis and hospital referred to.
(e) Estimate of Hospital.
(f) Certificate from ECHS members or dependent certifying that Bills in original will be deposited with the O /C Polyclinic or CO Service Hospital within one month of discharge, failing which the ECHS membership will be terminated.

Approval of Advances and Issue of Cheque

7. The SEMO/SMO/PMO will scrutinize the documents and comment on the line of treatment proposed in the hospital and recommend if the Advance may be given to the ECHS member.

8. The documents will thereafter be forwarded to the Station Commander for scrutiny. The Station Commander is the appropriate authority for sanctioning the Medical

Advance from his Cash Assignment At the Headquarters the following actions Wll be taken once advance is paid

(a) Approval of Competent Financial Authority based on estimates of treatment
(b) Inform Regional Centre, ECHS.
(c) Inform OIC Polyclinic to subsequently track receipts of bills.

9. A Cheque will be issued by the Station Commander in the name of the treating hospital after approval of CPA 15 obtained. In case the amount of advance is more than the authorized financial limit of Station Commander necessary approval of CPA will be obtained. No ADVANCES will be paid directly to ECHS members.

Medical Advances to Out Station FCHS Members

10. In order that ECHS patients or their dependents are not in-convenience, Medical Advances to outstation ECHS members will also be given by the Station Commander where the Govt Hospital is located. For example, if a member from say Madurai desires to seek treatment at the specialized Govt hospital in Chennai, he/she shall have to follow the procedure at Paras 5 and 6 above and then obtain advance from Stn Commander Chennai.

11. In all such cases the Station Commanders will inform the Regional Centre, the parent Polyclinic of the ECHS member and the ECHS Polyclinic of the Station. Bills for all these members have to be progressed through the ECHS Polyclinic in the Station and not through the parent Polyclinic. A record of all such advances will be the dual responsibility of both the parent Polyclinic and Polyclinic of the Station.

Monitoring of Advance

12. The ECHS Polyclinic will maintain a Record of ail advances issued and track the same through management software. The ECHS member should inform the Polyclinic telephonically on the progress of he case every week which will be duly recorded in the Register. As and when the patient is discharged the ECHS member or dependent should immediately inform the Polyclinic about the development.

13. If no intimation is received, the Officer in Charge Polyclinic will check from the 13. hospital regarding the status of the patient, one month after medical advance was given. If the patient is still under treatment the monitoring of the case will be done fortnightly.

14. As soon as the patient is discharged the Bills will be submitted to the ECHS 14. Polyclinic. If Bills are not received in the ECHIS Polyclinic even after 1 month of discharge a notice will be sent to the ECHS beneficiary requesting him/her to deposit the Bills in original within 15 days, failing which the ECHS membership will be terminated. Regional Centre and Station Headquarters will be intimated. For outstation members the parent Polyclinic, relevant Station headquarters and Regional centre will be informed in such cases the parent Polyclinic will issue the notice.

15. Where at the end of two months after discharge, the Bills are not received in the ECHS Polyclinic, the officer in charge Polyclinic will liase with the hospital and obtain

duplicate bill.. This step is necessary in order that no audit objections are raised unsettled advances.

Settlement of Bills-Post Treatment

16. The ECHS member should submit the claims along with original bills within a period of one month from discharge. In case of outstation ECHS member when the condition could not warrant the visit to ECHS polyclinic, the claim with original bills be deposited to the Parent Polyclinic who will thereafter immediately forward the documents to the ECHS Polyclinic which arranged for the advance.

17. All claims for settlement of Bills will include the following:-

(a) Application for Medical Claim.
(b) Certificate for drugs and consumables utilized in Hospitalisation and paid by the ECHS member. (format at Annexure)
(c) Original Bills verified and Stamped by treating Polyclinics.
(d) Photocopy of ECHS Smart Card.
(e) Discharge slip of Hospital.
(f) Summary of case from treating hospital
(g) Legal heir certificate in case of death of card holder along with Death Certificate.

18. The bills will be examined by the OIC Polyclinic for authentication and 18.
verification of rates charged. It will then be forwarded to the SEMO/SMO/PMO for technical examination and forwarding along with recommendations, to the Station Commander.

19. The amount will be paid to the ECHS member after deducting the medical Advance paid to hospital. Before payment the sanction of competent financial authority has to be obtained for total cost of bills.

20. The action for taking such approval is listed in this Organisation letter No B/49771/AG/ECHS dated 05 Dec 2003 on Empanelment of Hospitals.

Default Procedure

21. ECHS members who have availed the Medical advance facility should deposit the bills in original within one month of discharge. When this is not done, a notice will be sent to the ECHS member requesting him/her to deposit the Bills in original within 15 days, failing which the ECHS membership will be terminated. For outstation members the parent Polyclinic will be asked to issue the notice.

22. Where there is still no response from the ECHS member, efforts will be made to contact the member telephonically and a second notice sent by Registered Post after another 15 days.

23. If the Bills remain unsettled 2 months from date of discharge, the OIC Polyclinic 23 will obtain duplicate bills as elaborated in para 15.

On expiry of 3 months period after date of discharge of the ECHS member, the nation headquarters and the Regional centre will be informed. Regional centre will call or the documents of the ECHS member from the Station Headquarters and inform CDA (Pensions) to deduct the advance from the Pension of the Individual. This deduction will be intimated to ECHS member by Registered Post. The ECHS membership of the individual will thereafter be forfeited and cancelled without any further preference.

Death in Hospital or Reasons of Incapacity

24. When a death occurs in the hospital or circumstances arise due to which the member ECHs is unable to inform ECHS Polyclinic, the bills are likely to remain unsettled. O/1C Polyclinic will The check the status of the patient at the hospital one month disbursing of the amount. Where after such an event has occurred, duplicate bills will be obtained by the O/1C Polyclinic and forwarded to the Station Commander for closing the case. if an amount is balance with the hospital a cheque in favour of the Station Commander from the Hospital will be obtained and forwarded to the Station Commander. the amount exceeds that paid to the hospital, the clearance of CFA will obtained and hospital paid by cheque. It there is a balance amount to be settled, the Where be procedure followed will be the same, except that in these circumstances a copy of death certificate and legal heir certificate will also be enclosed.

(G Ghose)
Col
Dir (Medical)
For MD ECHS

Copy to:
DGAFMS/DG 3A
DGMS(Army)/DG 5B
DGMS(Navy)
DGMS(Air)
HQs Command (Medical) - for info
All Regional Centres

Tele: 011-25683476
Mil : 36833

REGD BY SDS/POST

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Lines
New Delhi - 110 010

B/49778/AG/ECHS/Claim/Gen Corr/74

21 Oct 2013

IHQ of MoD (Navy)
All HQ Command (A/ECHS)

CHECK LIST FOR PROCESSSING OF MEDICAL CLAIMS

1 It is observed with great concern by MoD/ VCOAS that medical claims have been forwarded for CFA sanction without requisite documents, proper flagging, page numbering, labeling etc.

2 Enclosed herewith please find a copy of Check List which is to be filled by Regional Centres ECHS while forwarding the medical claims to this HQ for CFA sanction, henceforth.

3. In view of the above, you are requested to instruct all Regional Centres ECHS, under your AoR, to enclose duly completed Check List along with all medical claims, while forwarding to this HQ for CFA sanction. No medical claim will be accepted without the ibid Check List, in future.

(Vijay Anand)
Col
Dir(Med)
for MD

Encl: As stated Copy to

All RCs ECHS Copy of Check List is enclosed for your further necessary action.

CHECKLIST OF CLAIM DOCUMENT CENTRAL ORG ECHS

Central Org File No: OL/>10L/ ..... Claim 1D: ---------- ECHS Reg No: ----------
Service No. of ESM: ..... Rank & Name of Emp ----------

Name of Patient: ---------- Relation with ESM ---------- Age ----------
Diagnosis .....

Hospital Name: ..... Emp/Non Empanelled: ----------
Claimed Arnount: ..... PC ..... RC/Stn HQ .....

Admission Date: ---------- Discharge Date: ---------- Outcome: Discharge/Death

Ser	Required information/ Documents		Remarks	
			Available	Page No.
1	Page Numbering of Case Files? Total Pages – Total Volumes :		Yes/ No	
2	File Move Details/ Delay report up to date duly vetted by JD (HS)/ Dir RC attached?		Yes/ No	
3	Worksheet from RC authenticated by JD (HS)/ Dir RC?		Yes/ No	
4	Date of Membership?	Date:	Yes/ No	
5	Proof of Membership (Photocopy of Smart Card/ Receipt of Regn) duly authenticated by OIC PC		Yes/ No	
6	Referral Form/ Emergency Information Report?		Yes/ No	
7	Emergency Certificate by Hospital:(in case of emergency)?		Yes/ No	
8	Original Bills and Photocopy authenticated by OIC PC/ RC?		Yes/ No	
9	Emergency Bills super scribed in Red?		Yes/ No	
10	Prior Approval for unlisted Procedure/ Implants Or Justification for not obtaining prior approval (if applicable any)?		Yes/ No	
11	MOA covering entire period of hospitalization? Valid From: to :		Yes/ No	
12	Certificate by OIC PC regarding empanelment of Hospital/ D.nostic Centre/ Dental Yes/ No Centre?		Yes/ No	
13	Certificate by JD (HS)/ Dir RC regarding empanelment and scrutiny of Claim ?		Yes/ No	
14	MRP/ Drug certificate duly signed by Hospital, vetted by OIC PC & RC?		Yes/ No	
15	Discharge/ Death/ Case Summary by treating hospital vetted by RC?		Yes/ No	
16	Summary of Bills in Original duly authenticated by OIC PC?		Yes/ No	
17	Itemised Bill summary of treatment provided?		Yes/ No	
18	Original invoice +Sticker of Implants/Medicine used along with outer pouch? If any.		Yes/ No	
19	Approval for extended stay at hospital covering entire period of hospitalization?		Yes/ No	
	Additional Documents for Non Empanelled Hosp Claims		Yes/ No	
20	Cover Note has endorsed by OIC PC/ SEMO/ Stn Cdr/ Dir RC		Yes/ No	
21	Contingent Bill?		Yes/ No	
22	Bank Details/ Cancelled Cheque?		Yes/ No	

Any other Points:

Checked By: Verified by JD (Med/Dir Med)

Signature of Med Officer

Tele: 011-25683476
Mil: 36833

Adjutant General Branch
Integrated HQ of MoD (Army)
Maude Line
Delhi Cantt-110010

B/49778/AG/ECHS/Claim/Policy

30 Aug 17

(All Regional Centres ECHS)

REVISEDPROCEDUREAND FOR PROCESSING OF WAIVERS AND SANCTIONS: ONLINE CLAIMS

Refs : -

(a) Our letter No B/49779/Outsourcing/AG/ECHS dt 11 Jun 14.
(b) Our letter No B/49770/AG/ECHS dt 09 Jun 15.
(c) Our letter No Bi49779-Outsourcing/AG/ECHS dt 24 Jul 17.
(d) Our letter No B/49779-Outsourcing/AG/ECHS dt 22 Aug 17.

2 The 'Online Bill Processing' was initiated pan India wet 01 Apr 15, for efficient and timely settlement of claims while maintaining empanelled hospitals, BPA and Central transparency between the ECHS beneficiaries, Org ECHs

3 The existing timeline for processing of online claims is as under

Ser No	Details	Timeline
Empanelled Hospital Claims		
(a)	Admission Intimation	Within 24 Hrs. from time Admission
(b)	Online Submission of Claim	Within 04 Days from Date of Discharge
(c)	Submission of Hard Copies of Claim	With1n 30 Days from Date of Discharge
(d)	Query & Need More Info Reply	within30 Days of Query/ NMI Date
Individual Reimbursement Claim		
(e)	Admission Intimation (EIR)	within 48 hrs. from time of admission
(f)	Submission of Hard Copy	Within 30 days from date of discharge

4 However of late, it has been observed that empanelled hospitals/ECHS beneficiaries are not adhering to the stipulated timelines and also not responding to the NMI queries raised by BPA within stipulated time frame, thereby, delaying the final settlement of online claims.

5. Based on numerous requests from the environment and to streamline online bill processing, the revised procedure for processing of waivers and sanctions of online claims has been formulated and attached along as per Appx attached to this letter. The time limits for various activities have been revised as per requests as per requests from AFVs /Empanelled Hospitals/ Regional Centres and are exclusive of date of discharge in respective claims. However, it is pertinent to mention that all the stakeholders to strive speedy Processing of claims and early settlement by avoiding delays, besides ensuring integrity of financial claims.

6 Following amdts are incorporated in Para 6 of this HQ letter mentioned at Para 1(d) regarding one time waiver for all NMI:-

(a) **For.** One time delay condonation tor late submission of physical bills and associated documents is also given whenever online bills have been uploaded.

(b) **Read.** One time waiver is hereby accorded for all NMI cases i.e., intimation delay in of admission, delay in online claim (IP&OP) submission, delay submission of in hard copy & delay in reply of NMI.

7You are requested to disseminate the revised procedure for waivers and sanctions along with timelines to the environment for strict compliance. The above policy will be implemented with effect from 01 Oct 17.

8. This has the approval of the MD ECHS.

(Niranjan Kumar)
Brig
Dy MD
for MD ECHS

Encls: As above. Copy to
Office of Us (WE) - For information and necessary action please

IHQ of MoD (Navy)/Dir ECHS (N)

Air HQ (VB/DPS)- - For information and necessary action as per above guidelines.
HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South Western Comd (A/ECHS)
HQ Andaman & Nicobar
Comd(A/ECHS) UTI-ITSL
153/1, Above Farico
Show Room First
Floor, Old Madras
Road Halasuru,
Bangalore-580008

Internal

Dir (Ops & Coord), Dir (P&FC) & Dir (C&L) - For info and necessary action.
Dir (S&A) - For uploading on ECHS website.

APPX
(Refer to Central Org ECHS letter No
B/49778/AG/ECHS/Claim/Policy dt30 Aug 17)

REVISEDPROCEDURE FOR PROCESSING OF WAVERS AND SANCTION: ONLINE CLAIMS

Ser No	Type of Activity	Procedure In Vogue (Timeline)	Revised Procedure wef 01 Oct 17	Remarks (Including Disposal of old cases)
EMPANELLED HOSPITAL CLAIMS				
1	Intimation of Admission to BPA	Within24Hrs-from time of admission	Within 48 Hrs from timeof admission (Revised Timeline) Upto30 days-Waiver by Dir RC on Justification Beyond 30 days-No (NO) waiver will be accorded	One time waiver is accorded for al old cases till 30 Sep 17
2	Emergency Referral(ER)in Emergency Cases	Within24 Hrs from time of admission	Within48 Hrs from time of admission (Revised Timeline) Waiver by OIC Polyclinic upto 07 days from the date of hospitalization / date of discharge whichever earlier (valid justification needed) Upto 30 days Waiver by Dir RC on justification Beyond 30 days-No (NO) waiver will be accorded	One time waiver is accorded for all old cases till 30 Sep 17
3	Online Claim (IP/OP) Submission in BPA portal	Within 04 working days from date of discharge	Within 07 working days from (Revised Timeline One time waiver is Upto60 days-Waiver by Dir RC on justification Beyond 60 days-No (NO) waiver will be accorded	One time waiver is accorded for all old cases till 30 Sep 17
4	Submission of Hard Copy of Claim (IP/OP) to Regional Centre	Within30 days from date of discharge	Within 60 days from date of discharge (Revised Timeline) Wef 61-90 days-Waiver by Dir RC on justification Beyond 90 days -No (NO) waiver will be accorded	One time waiver is accorded for all old cases till 30 Sep 17

5	Need More Information (NMI)	Within 30 days from date of NMI	The prevailing procedure of granting waiver at various Intervals shall be discontinued wef 01 Oct 17 vide letter No B/49779-Outsourcing/AG/ECHS dt 24 Jul 17 as amended vide our letter No B/49779-Outsourcing/AG/ECHS dt 22 Aug 17 and also a comprehensive guidelines for disposal of NMI cases within stipulated time frame has been the status of the claim issued	After 180 days, claim to be settled based on available documents with deductions (if needed) or rejected depending upon the status of the claim

Ser No	Typeof Activity	Procedure in Vogue (Timeline)	Revised Procedure wef 01 Oct 17	Remarks (Including Disposal of old cases)
INDIVIDUAL REIMBURSEMENT CLAIMS (NON EMPANELLED HOSPITALS)				
6	Intimation of Admission/ Emergency Information Report (EIR) to Polyclinic by ECHS beneficiary/ NOK	Within 48 Hrs from time of admission	Within 48 Hrs from time of admission	OIC Polyclinic and Dir RC to ensure that no reimbursement claim remains pending in the system for NMI disposal beyond 180 days
			Waiver by Dir RC, if intimation recd within hospitalization period	
			If delayed beyond hospitalization period up to 90 days from date of discharge, application to be processed by Dir RC with justification to Central Org ECHS, as per format fwd vide our letter No B/49770/AG/ECHS dt 21 Nov 16	
7	Submission of Hard Copy of claim to Polyclinic	Within 30 days from date of discharge	Within 90 days from date of discharge (Revised Timeline)	
			Wef 91-180 days from date of discharge, waiver to be given by Dir RC	
			Beyond 180 days from date of discharge, waiver to be given by Central Org ECHS	
8	Need More Information (NMI)	Within 30 days from date of NMI	There is no stage wise time restriction Imposed on the individual reimbursement claims and a comprehensive guidelines for processing of Individual Reimbursement Claims has been issued vide	

			letter No B/49779-0utsourcing/AGJECHS dt 24 Jul 17	
GOVT HOSPITALS				
9	Treatment in Govt Hospitals	ECHS beneficiary may avail treatment without obtaining referral from polyclinics. However, referral will only be required for the specified treatment such as Organ Treatment Surgery, Knee	Intimation of Admission within 48 Hrs by ECHS beneficiary/NOK to parent/ nearest Polyclinic	
			Within 90 days from date of discharge - Hard copy of claim by ECHS beneficiary / dependent should be submitted at Polyclinic	
		and Hip Joint Replacement, Cancer Treatment, Neurosurgery and Cardiac Surgery vide GoI, MoD letter No 22D(09/2013/USWEV DRes) dt 26 Jul 16	Upto 180 days -Waiver by Dir RC on justification for delay in admission intimation and referral both	
			Beyond 180 days from date of discharge, waiver to be given by Central Org ECHS for delay in admission intimation and referral both	

Ser No	Type of Activity	Procedure in Vogue (Timeline)	Revised Procedure wef 01 Oct 17	Remarks (Including Disposal of old cases)
MISC CONCURRENCE CASES				
10	Misc concurrence required by BPA to (a) Discrepancy in overlapping of admission and discharge dates. (b) Repeated admission for same ailment within short duration. (c) Ontable procedure/additional procedure done.	No policy exists	Waiver to be given by Central Org ECHS. Cases to be examined in detail by RC and fwd with due justification and recommendation of RC as per format fwd vide Our letter No B/49778/AG/ECHS/ Claim/Poicy dt 03 Nov 16	
SANCTIONS				
11	Approval on Appx 'A' of Cardiologist of Comd/Zonal Hospital for: (a) Unlisted procedures. (b) Cardiac implants (listed /unlisted). (c) More than 02 DES aDd 01 Base Metal Stent (PTCA).	Approval given by Cardiologist after physical checking of all relevant documents.	Status quo to be maintained. However. In PC/RC case o may consider feasibility to obtain online emergency, no approval to save time and subsequently hard copy to be sent by post.	in case of Emergency, no approval need to be taken
12	Organ Transplant (Liver &Lungs)	Approval given by MD ECHS	Status quo to be maintained	
13	Approval on Appx 'A lor Unlisted Procedure/Test implants at ECHS Empanelled Hospital	Approval given by SEMO on revised Appx 'A' as per our letter No. B/49778/ on AG/ECHSIPA/Rulingdt 03 Feb 17	Status quo to be maintained	
14	Extended Hospital Admission on Appx'A'	13-30days by OIC Polyclinic	Status quo to be maintained	
15	Extended Hospital Admission on Appx'B'	31-60days by DIR RC	Status quo to be maintained	
16	Extended Hospital Admission on Appx'C'	61-120days by MD ECHS	Status quo to be maintained	

Tele: 011-25683476
Mil : 36833

REGD BY SDS/POST

Central Organisation ECHS
Adjutant General's Branch Integrated HQ
of MoD (Army) Maude Lines
New Delhi- 110 010

B/49778/AG/ECHS/Claims/Policy

26 Apr 18

All Regional Centre's

PRIOR APPROVAL FOR UNLISTED PROCEDURES/TESTS/ INVESTIGATIONS/ IMPLANTS BY EMPANELLED HOSPITALS

1. Refer to this HQ policy letter No B/49778/AG/ECHS/PA/Ruling dated 28 Jun 2011 and MoM dated 25 Feb 18.

2. As per the ibid letter, prior approval is required to be obtained for carrying out any procedures/tests/investigations/implants by the empanelled hospital. It is will be obtained by the fastest means of communication to include fax and e-mail from ECHS authorities. The approving authority for prior approval are as follows : -

(a) Cost of procedures/tests/investigations/implants and approving authority

(i)	Less than two lakhs	- SEMO ISMO/PMO ICMO0.
(ii)	Two lakhs to four lakhs	- Service Specialist in concerned specialty.
(iii)	Above four lakhs	- Concerned Senior Advisor/Consultant at Zonal/Comd Hospital (for NCR-BHDC/ AH(R&R).

3. Representations have been received from numerous ECHS beneficiaries and empanelled hospitals regarding delay in administration, of treatment due to time taken for obtaining the prior approval for unlisted procedures/tests/investigations/implants, which is also increasing the hospitalisation period of the patients. Hence it has been decided that there is no need to obtain the prior approval for unlisted procedures/tests/investigations/implants costing less than Rs 5000/-. This has been done to alleviate the difficulties faced by the ESM.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Copy to

UTI-ITSL, No 1/1 - for information and necessary action please.

(Above Canara Bank)
KSFCBhava, Thimmaiah Road Bengaluru-Karnataka PIN-560052

Internal

Dir(S&A) - for uploading on BPA site.

011 25683476
3 36833

REGD SDS/POST

Central Organisation ECHS
Adjutant General's Branch
Adjutant MoD (Army)
Integrated HQ of MoD (Army)
Thimayya Marg, Gopinath
Circle Delhi Cantt-10

B/49778/AG/ECHS/Claim/Online Processing

17 Jun 19

All Regional Centres

PROCESSING OF ONLINE CLAIMS ABOVE 10 LAKHS

1. Please refer to the following.

   (a) SOP for Online Bill Processing.

   (b) This HQ Policy letter B/49779/Outsourcing/AG/ECHS/ dated 10 Aug 13 and letter of even number dated 11 Nov 14.

   (c) This HQ policy letter B/49778/AG/ECHS/Claim/Policy dated 07 Apr 17 and B/49778/AG/ECHS/SOP/ On Line/Claim dated 08 Jul 13.

2. It has been observed that Regional Centres are forwarding physical copy of claims above Rs. 10 lakhs of empanelled hospitals/ ECHS Beneficiaries without following the procedure which is a serious cause of concern and leads to unnecessary delay/ correspondence in processing of claims to MoD/ DoEsW. The staff who is dealing with these claims are not processing these claims as per the policies/ guidelines issued. The list of common errors observed and measures to be taken before forwarding of the claims to this HQ are placed at Appx 'A'.

3. To ensure smooth processing of online claims of higher values and to overcome long pendency of the cases at various levels it is requested that guidelines issued for processing of online claims are to be adhered at all echelons and the dealing staff be trained for the same. It is reiterated that final approval/ sanction is accorded by MOD/ Do ESW and Ministry of Finance. Hence, due diligence be paid and ECHS guidelines/ policies be adhered for smooth and easy perusal by higher authorities. It is also requested that the same needs to be followed in future to avoid unnecessary correspondence and undue delay in claim processing.

4. This has the approval of MD ECHS.

(Anupam N Adhaulia)
Col
Dir (Med)
for MD ECHS

Encl: As mentioned

Appx - A

Encl to Central Org ECHS letter B/49778/

AG/ECHS/Claim/Policy dated 17 Jun 19

COMMON ERRORS AND MEASURES TO BE TAKEN

Ser	Errors	Description	Guidelines
1	Incomplete Check List	Many cases are received by this HQ without check List/ Incomplete check list/ or erroneous checklist.	The most important document of physical copy of a claim File. All relevant details needed to be filled neatly, property and appropriately. No column should be left blank in the check list. The columns which are not relevant to be marked as Not Applicable.
2	ECHS Card details	Copy of ECHS Smart Card attached along with claim is ambiguous or not legible.	All details related to smart card of ECHS Beneficiary/ Patient need to be filled appropriately. Clear and enlarged view Photocopy of ECHS Smart Card is to be attached where all the details are clearly visible. Hand written Beneficiary Name, Rank, Number, Date of Copy of ECHS Smart Card birth, Date of membership and Card Number are not to be done on Photocopy. The Photocopy of smart card should be authenticated by Director RCI OIC PC with seal and stamp affixed. Card details should be furnished in respect of ECHS member/ beneficiary who has availed the treatment. If Beneficiary is not in possession of ECHS smart card than clear and authenticated copy of application form be attached in file.
3	Certificate by OICPC is not attached or incomplete.	Most important document and mostly missing in the re-imbursement claim cases/ or incompletely filled/ Scoring of Paras are not done/ Signature block empty/ Stamp of OIC PC and Seal are not Stamp of OIC PC and Seal are not affixed.	Certificate of OIC Polyclinic is to be attached with all Medical claims irrespective of Emp/ Non emp hospital claim. If claim is of a mostly empanelled hospital then it is to be mentioned clearly that Empanelled Hospital bill and date of empanelment to be Certificate by OIC imbursement claim cases or mentioned in the certificate. If the claim is of a

			Non-empanelled Hospital then it should be mentioned as Non Empanelled hospital Bill and it is also to be mentioned clearly whether it is a referral / emergency case. All irrelevant Paras of the certificate are to be scored out respectively and duly countersigned by OIC Polyclinic with date, stamp and seal affixed.
4	Mismatch of Name, Rank, Number, Age (DOB) and other personal particulars.	Most common error observed in Beneficiary and Patient are found mismatched/ wrongly written in various important Documents (referral form, discharge summary, final bill etc)	Personal Particular of the ESM/ Beneficiary should be exactly same as per ECHS Smart card in all documents pertaining to the Medical Claim.
5	Prior Approval/ Justification for not	The Prior approval/ Justification not attached with Claim documents.	If the Patient/ ECHS Beneficiary has been advised for any unlisted The Prior approval Justification Procedural implant then Approval for unlisted procedures Appx A need to be attached duly approved by SEMO. In case the approval for the same couldn't be obtained than Proper justification to be provided along with claim whether it is an empanelled hospital bill or Non emp hospital bill.
6	Referral Form/ Emergency Information Report (EIR)	In some cases Referral Form/ Emergency Intimation report has not been enclosed or not counter signed by Dir RC.	The Same needs to be enclosed along with claim duly authenticated and countersigned by Dir RC.
7	Authentication of Important Documents	Important documents like Discharge Summary/ Final Bills/ item wised Bills are received without authentication by Dir RC/ JD (HS) at RC level.	All important documents submitted by the hospital (i.e. Bills Discharge summary, Emergency certificate, Drug/ MRP certificate need to be placed on file, duly countersigned and authenticated by JD (HS)/ Dir RC with stamp and seal affixed.
8	Page Numbering of Documents	Page numbering in most of the cases is found to be missing or wrongly done.	Page Numbering (Neat & Clean) of all pages from bottom to top be carried out before preparing check list as pages are added on Page numbering of age numbering in most of the top by an echelon are to be numbered in progression. X-Ray

9	Super scribing of bills of emergency cases	Bills of emergency cases are not found super scribed in Red	For all cases pertaining to emergency admission, bills of the claim are to be superscribed in Red ink.
10	MOA (Memorandum of Agreement)	Valid copy of MOA are not found enclosed along with the claim. Either MOA is expired before admission date or the MOA is not covering entire period of Hospitalisation	Valid copy of MOA are not found Valid copy of MOA along with relevant Annexures (Annexure-II) giving details of rates charged is to be attached for all cases of empanelled hospitals. MOA covering entire period of hospitalization (Admission to Discharge) be attached duly attested/ countersigned by JD (HS)/ Dir RC. MOA must also indicate the NABH/ Non NABH status of an empanelled hospital.
11	Death Certificate (Form No 4)	Copy of Death Certificate from Municipal Organisation/ Panchayat/ Tehsil is not attached or only a certificate issued by the hospital itself is attached on File.	Death Certificate (Form Number 4) issued by concerned authority (i.e.. Registrar of Birth & Death at Municipal Organisation or any other Govt. Institution) be attached on file. Death certificate issued by the from a hospital is not a valid document. Photocopy of the (Form Number 4) of the same needs to attached on file duly attested by (JDHS) Dir RC.
12	Cover Note/ MRP (Drug certificate) by OIC PC/ JD (HS) RC Dir RC	Mostly missing in claim files.	Cover note from OIC Polyclinic duly authenticated by Dir RC to be placed on file. MRP (Drug) certificate submitted by the hospital be attached on file duly counter signed by OIC PC.
13	Flaggingandsecuringof Documents in file	Important document documents as per check list like Discharge Summary/ Final Bill Summary/ Referral Form/ EIR/ Emergency certificate etc are not flagged.	All important documents need to be placed on file duly flagged with document name with sketch pen/ printed. These flags are to be secured either by a stapler or by adhesive tape. Flagging of files is most important part of claim processing at various level and easy perusal by competent authorities/ CFA.
14	Worksheet from RC	Mostly missing in claim files.	This is the most important document and should be prepared with due care to ensure that proper reimbursement is made to the Individual Hospital. While the format is adhered to in most cases, It is seen that proper CGHS codes are not entered in the first column. The locally applicable rates of the procedure/ Package/Investigations as per MoA are not mentioned in remarks column and how the amount has been allowed/ disallowed is also not endorsed. Further, the Sub headings of the worksheet should chronologically follow the

			sub total/heading of the original bill| summary of the hospital so far as bills upto Rs 10 Lakhs are concerned. The overall format of the worksheet is to be adhered to but the headings may be rearranged serially as per the hospital bills. so as to enable easy sub totaling and checking of the sub totals and totals at this headquarters.
15	Approval of Extended Stay at Hospital (Appx 'A')	Extended stay attached with claim is not covering entire period of Hospitalisation.	Appendix 'A' to be placed on file covering entire period of hospitalization duly approved by competent authority. In many instances it has been noted that Patient remained admitted for a longer duration and claim file not supported by legible Appendix 'A'.
16	Medical Claims Files without Files Blinder/ Cover/ Covering Letter.	Claim files are received at this HQ in Shabby Condition. Most of them are not secured, labeled and documents are tattered without proper securing/ Binding.	All Documents in file are to be secured properly with a good quality of File Binder/ Folder. All Documents to be secured with twine and flagged with label on outer cover of the file. The label m and DOD. If there are excessive number of pages in claim file then it should be divided in equal volumes (Vol-I, Vol-II) and each volume to be labeled appropriately.
17	Incorrect details/ data in Claim Documents	Cases are being received at this HQ With plethora of Incorrect details in Claim File. The common observations are incorrect name, service number, Rank of Beneficiary, incorrect DOB/ Age. Incorrect Hospital Name, DOA, DOD, incorrect MOA dates in all relevant documents.	All documents like discharge summary, Bill, various certificates, check list and file move details/ delay report, Appendixes, needs to be prepared with due diligence and care, being higher value o claim. The minor mistakes may lead to many financial implications and delayed processing of claim at MOD/ DO ESW level. These cases are finally approved MOD/ DOESW and Ministry of Finance. a hence, these mistakes to be avoided for smooth perusal and early processing of claims and to avoid undue delay/ correspondence.

18	Non receipts of Clarification of Observations sought by CO ECHS/ MOD in due time.	Many cases which are returned to respective regional centres for clarification of observations are received at this office without clarifications/ proper justifications even after 2-3 months period.	The claims are forwarded to RCs with observations must be responded well in time with proper clarification/ justification. If the observation noted is not rectified within two weeks then the Present position of the case be notified to this office without Waiting tor intervention of this HQ. Para wise reply as sought by MOD/ COECHS be responded / furnished as noted in forwarding letter or MOD Note. While resubmission of the claim post clarification of the observations. The reference letter of this HQ also to be referred/ enclosed with file.
19	Amendments are not authenticated/Countersigned	Many documents are placed on file with correction by ink/ correction fluid which are not authenticated by OIC PC/ JD (HS) Dir RC.	Amendments/ Corrections in original documents to be avoided. For any reason if the correction is required, amendments/ correction to be authenticated by OIC PC/ JD (HS) or Director RC with seal and stamp affixed with date. If Hospital has made any changes in Bills, discharge summary, Emergencycertificate those must be

			authenticated by concerned authority at Hospital and same needs to endorsed by OIC PC/ JD (HS)/ Dir RC
20	Case Summary/ Statement of case	Case Summary/ Statements of case not attached with the claims.	A Brief of summary of the case indicating all relevant details of Patient/ Beneficiary, treating hospital be attached on top page of the countersigned by JD (HS)/ Dir RC whether it is empanelled hospital bill or Non empanelled hospital bill.
21	Submission of Individual Re-imbursement Bill/ Non Empanelled Hospital Bill	Individual Re-imbursement Bills are received without complete documents and through scrutiny at RC level.	The Individual Re-imbursement/ Non empanelled hospital bills received from respective PCs are to be scrutinized and completed at RC level. If any discrepancy is noted the claim is to be returned to respective polyclinic and duly completed claims to be submitted to this HQ for furtherprocessing within stipulated time period.
22	Invoice + with matching outer pouch & Sticker of implant	Most of the cases are received with photocopy of invoices or without invoices.	The Original invoice from supplier of the implant/ Drug to be supported alongwith the claim, the hospital generated invoices are not acceptable.
23	Pre & Post PTCA Scan real time images.	In many cases it has been observed that claim documents are not supported with real time pre & post real time images.	The mandatory requirement for processing of the claims pertaining to PTCA cases. The real time images of pre & post PTCA images of pre & Post PTCA images and reports generated during the hospitalsation be submitted alongwith the claims.

Tele: 011-25683476
Mil : 36833

BY REGD SDS / POST

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army) Thimayya Marg,
Near Gopinath Circle New
Delhi- 110 010

B/49778/AG/ECHS/Claims/Advisory

(All Regional Centres) 08 Sep 22

REQUIREMENT OF DEATH CERTIFICATE ISSUED BY GOVT FOR PROCESSING CLAIMS OF EMPANELLED HOSPITALS

1. Refer Para 61 of SOP for Online Bill Processing.

2. Queries have been received from some RCs regarding admissibility of Death Certificate issued by empanelled hospitals for processing of claims as BPA insists upon requirement of Death Certificate issued by Municipal Corporation / Govt Body only.

3. The matter has been examined at this HQ and the following procedure will be followed while processing online claims: -

(a) **Death Certificate Issued by Empanelled Hospital** bearing ICD No and cause of death is admissible for online bill processing for all claims where Dir RC, Dy MD and MDECHS are the CFA's, as these claims have to be uploaded within 07 days as per extant regulations.

(b) **Death Certificate (Form No 4) issued by Municipal Corporation/ Govt body** will be essential for processing High Value Claims where CFA is MoD as the physical file has to be forwarded to MoD. A photocopy of the same duly countersigned by OIC Polyclinic will also suffice and must be attached to the physical file.

4. This has the approval of MD, ECHS.

(Rajesh Batlish)
Surg Capt
OIC Claim
for MD ECHS

Copy to:-

UTI-ITSL Arcade
1st Floor, 5-1-664,
665 and 669
Bank Street,
Hyderabad-500001 - for processing online claims. Surabhi

Regional Centre ECHS, Bangalore
Jalahalli West
Bangalore-560015 - w.r.t your letter No RC ECHS BLR/1208/02/Med c/o AF Stn dt 21 Jul 2022

Tele : 25682870, 25695245-2015
Tele fax: 011-25684946
Email : dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt- 10

24 Apr 2014

B/49717-C/ AG/ECHS
(Distributionas per att list)

ADVISORY NOTE ON

IMBURSEMENT OFINDIVIDUAL MEDICAL CLAIM

1. Central Org ECHS has laid down certain procedures and formalities which are expected to be complied with by ECHS members while availing medical treatment ill an emergency. The same has been done to ensure that the process is correctly adhered to by the beneficiaries.

2. However, there have been incidences where ECHS beneficiaries have taken treatment in an emergency but have not adhered to the laid down procedures due to various reasons and their reimbursement claims. were rejected by the concerned authorities at lower levels. The effected veterans consequently had to take recourse to law and courts have pronounced judgments in their favor despite Central Org ECHS defending the case citing various rule and procedures laid down.

3. The Courts have opined that once. an ESM is a bonafied member of the Scheme, medical treatment Z reimbursement in an emergency cannot be denied to him/her simply because he/she could not follow certain laid down procedures/instructions.

4. In view of the above and to avoid wastage of time and resources m getting into unnecessary litigation, it is reiterated that:-

(a) No indl reimbursement claim should be rejected at any level. The same can only be Recommended for rejection' and fwd to Central Org ECHS, duly justified.

(b) Indl claims should be reviewed in the light of 'Court judgments' on similar cases.

(c) Indl claims recommended for rejection should be fwd to Central Org ECHS for final decision on each case in terms of this HQ letter No B/49773/AG/ECHS/Policy dt 01 Dee 2008.

(BS Gangwar)
Col
Dir (C & L)
for MD ECHS

Copy to :-
All Regional Centers ECHS'
Internal Copy:-
All Sec

Tele : 011-25684945
B/49773/AG/EHS/Policy

IHQ of MoD (Navy)/DGMS/(N) for OIC ECHS Air HQs (VB)/AOA/DPS
HQs SC, EC, WC, CC, NC, SWC (A/Med) HQs WNC, SNC, & ENC
HQs WAC, CAC, EAC, TC, SWAC, & MC IAF

PROCEDURE FOR PAYMENT AND REIMBURSEMENT OF MEDICAL EXPENSES UNDER ECHS

Reference:-

(a) GOI, MOD letter No 24(8)103/TJS(WE)/D(Res) dated 19 Dec 2003.

(b) This HQ letter No B/497781 AG/ECHS/Policy dated 16 May 2007.

(c) This EQ letter No B/49778/AG/ECHS/Policy dated 19 Aug 2008.

1 Following paragraph may be added to this HQ letter at para 1 (c) for allowing review and reconsideration of the claims being rejected :-

In case any claim preferred by an ECHS member is not recommended it will not be rejected from any intermediate functionary due to any reason, whatsoever Claim will be fwd to Central Organisation. ECHS for review along with detailed reasons for rejection.

Copy to:-
All Regional Centres ECHS
Kendirya Sainik Board

(AK Naik)
Lt Col
Jt Dir (Med)

Internal :-

For Meaning Director

Please ensure dissemination of above contents to all Concerned under AOR
For info please.

Tele: 25682870, 25695245
Telefax: 011-25684946

Email: complaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army')
Maude Lines
Delhi 10

B/49717-C/AG/ECHS

24 Jul 2014

IHQ of MoD(Navy) ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command *(A/* ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command *(A/* ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

All Regional Centres

ADVISORY NO 3

1. A No of complaints are being recd from ECHS beneficiaries wrt following:- .

(a) Collection of medicines.

(b) Collection of NA medicines on subsequent days.

(c) Issue of medicines.

(d) Intimation regarding admission In emergency in an Empanelled hospital.

(e) Incomplete referrals by Polyclinics.

(f) Mandatory reqmt of referring apatient to a Service Hospital by Polyclinic 'in Mil Stn.

(g) Referral to Ernpanellcd Hosp of Beneficiaries Choice in Other Stn.

(h) Polyclinics referring patients to Govt Hosp instead of Empanelled hosp against their wish in Non-mil stns as also denial of referral when MO is not present.

Contd…2/-

2. Guideline, as per the succeeding Paras, are issued to facilitate beneficiaries in getting quality health care with min inconvenience within the existing policy frame work. However, if any Regional Centre or Polyclinic finds these guidelines to be contradictory to any policy issued hither-to-fore by this HQ, the same be brought to our notice for necessary analysis and amendment of policy. .

Collection of Medicines

3. Collection of medicine is different from prescribing a medicine. While physical presence of a patient before a doctor is mandatory for examining and prescribing appropriate medicine till tele medicine facility is introduced, physical presence of a patient for taking repeat medicine is not reqd unless review at specified interval by the doctor / specialist (as the case may be) is considered essential or has been endorsed by the treating doctor.

4. .In such cases, where there is no change in medicine or no review is reqd, his/her spouse or any other person authorised by him/her alongwith the ECHS card and an auth letter, can collect reqd medicine from the polyclinics.

Collection of NA Medicine on Subsequent Days

5. Since medicines are generally in short supply and a beneficiary has to make a No of trips to collect entire quota of his prescribed medicine, it is discourteous to make him stand in que and register him as a fresh case again.

6. Such cases will be allowed to directly approach the pharmacy and collect medicines which were prescribed to him but were NA on previous occasions. Necessary arngs may be made accordingly

Intimation.Regarding Admission In An Emergency In An Empanelled Hospital

7. As per the policy issued by this HQ, responsibility of generating an Emergency Information Report (EIR), once an ECHS beneficiary is admitted in an Empanelled hospital in emergency, rests with the Empanelled hospitals. The Empanelled hospitals are supposed to fwd EIR to concerned Polyclinic 'on-line' and OIC Polyclinics are supposed to issue Emergency Referral 'on- line' to the hospital. The process does not involve the patient or his NOK in any way.

8. However, contrary to aim policy, it has been reported that patients/ their NOK/relatives are handed over the Emergency Certificate by Empanelled hosp for obtaining Emergency Referral form the Polyclinic. Even Polyclinics do not forward Emergency Referrals on line and insist on collecting and carrying hard copy of the referral physically. This practice has to be stopped forthwith. All Regional Centres are requested toprevail uponthe Empanelled hosp as well as the OICPolyclinics to follow the laid down procedure.

9. In case of default, necessary action be taken against concerned Empanelled hospital for violating MOA and incase of the default by OIC Polyclinic, their removal be recommended to the Stn Cdr under intimation to this HQ for not adhering to laid down policies.

Incomplete Referrals

10. A No of complaints have been recd where in patients have been referred to an empanelled facility first for a particular investigation only, then for consultation, then for treatment and finally for admission, This causes avoidable hardships to beneficiaries who have to make three to four trips from their residence to Polyclinic to empanelled facility and back, specially in areas where there is a considerable dist between the place of residence and the Polyclinic and between the Polyclinic and the empanelled facility.

11. Referrals should be given in a manner that a beneficiary is not reqd to obtain fresh referral for a particular treatment unless some other medical problem is discovered later, involving different line of treatment and thus requiring a fresh referral.

12. Using their clinical acumen, MO Polyclinics must tick the relevant actions by the empanelled hospitals in the first instance only.

13. OIC Polyclinics should seek explanation of the MO in such cases where the patient has been returned by the empanelled hospital for further referrals and keep the same in mind while recommending retention/ extension of the service of the MO.

Mandatory Reqmt of Referring a Patient to Service Hosp by Polyclinic (Mil - Stn)

14. The policy envisages that optimum use should be made of the spare resources available in Service med facility / hosp for providing health care to ECHS members who are dependent on the polyclinic with the status of 'Mil Stn.' The policy also envisages that responsibility of intimating the details of the spare resources available in a particular Service hosp to the Polyclinic, on daily basis, rest with the Registrar of the hospital. This was done with the view that only those ECHS beneficiaries, who can be taken care of by the Service hosp on a particular day, are referred by the polyclinic to the Service hosp and the remainder patients are referred to empanelled hosp.

15. However, an analysis of numerous complaint reed by this HQ reveals that since information regarding spare capacity available at the Service hosp is not being intimated by Registrars of the hosp, such polyclinics are referring all patients to Service hosp first and once Service hosp endorses that there is no spare capacity available, the patient has to go back to the polyclinic for further referral to an empanelled hosp.

16. The idea of expecting a Service hosp to directly refer such patients to empanelled hosp, once spare capacity is not available with them, is neither viable nor convenient to patients due to distances involved, condition of patients, waiting period at each level etc.

,

-

17. In view of the above, following is reiterated/clarified.

(a) Only those patients be referred to Services hosp for whom availability of the spare capacity has been intimated by the Registrar of the Service hosp to OIC polyclinic by 0900 hrs.

(b) In case no intimation has been recd from the Registrar of the Service hosp by 0900 hrs, the OIC may check back, and act accordingly.

(c) There should be no incidence of a patient being referred to a Service hosp and further referred to an empanelled hosp w/0 providing appropriate treatment/ carrying out reqd investigation.

Referral to Empanelled Hosp of Beneficiarie's Choice in Other Stn

18. It has been reported by a No of ECHS beneficiaries that some of the Non-Mil Stn polyclinics are insisting on referring a patient to either an empanelled hosp in the same Stn only or to a Service hosp in other Stn or to a nearest empanelled hosp in other Stn when the same is NA in their Stn.

19. It is clarified that though ECHS beneficiaries can avail med treatment as mentioned in Para 18, they cannot be restricted to do so. They can also choose to be referred to any- empanelled hosp in the country through -respective polyclinic of that Stn, however, no TA/DA will be paid in such cases. Similarly, if ECHS beneficiary temp residing in other city reports to a Polyclinic, he will be given med treatment & also referred to an empanelled hospital, if desired by the ECHS beneficiary.

Referral by Non - Mil Stn Polyclinics

20. It has been brought to our notice that some of the polyclinics in Non- Mil Stn are insisting on referral to Govt hosp for specialized treatment since no specialist is auth to such polyclinics and no Service hosp is available in the Stn. Only once a Specialist of the Govt hosp advises referral to an empanelled hosp, the polyclinic refers the patient to an empanelled hosp.

21. While as per the policy issued by this HQ, procedure mentioned at Para 19 can be followed if it is convenient to beneficiary, but he will not be compulsorily referred to a Govt hosp. In such cases, our policy permits direct referral to an empanelled hosp and if concerned Specialist at the empanelled hosp considers it necessary, he can refer the case for specialized treatment.

Misc

22. **Referral when MO not Present.** It is also clarified that incase a Polyclinic is not posted with an MO or when the MO is not present, patients can be referred for treatment in empanelled hosp by Dental Offr/OIC Polyclinic also.

23. **Issue of Medicines on First come First serve Basis.** Of late, some of the Veterans have started alleging that while some medicines are declared NA for most of the Veterans, these are kept as reserve for issue to a certain cat of Veterans. Though these appear to be allegations leveled out of mere frustration
due to NA of medicines, there is a need to ensure that there is no preferential treatment given to any cat of Veteran except as permissible to Senior Citizens and white card holders.

24. All available medicine should be issued on first come first serve basis.

25. **Priority to Spouse of White Card Holder when Both Vis Polyclinic Together.** If white card holder and his/her spouse visa Polyclinic together then both of them will be given priority in availing treatment for obvious reasons.

26. All Regional Centres are requested to monitor implementation of above guidelines and give a confirmation by 10 Aug 14.

(BSGangwar)
Col
Dir (C & L)
for MD ECHS

Copy to :-

O/o of the DGAFMS Ministry of Defense, Room No 30, 'M' Block New Delhi - 01

DGMS (Army)

Integrated HQ of MoD (Army)
-L' Block, New Delhi - 01 DGMS Air Force

DGMS (Navy)

Integrated HQ of MoD (Army) 'L' Block, New Delhi – 01

DGMS (Air) Air HQ (VB)
New Delhi-II

InternalAll

Secs

Please refer to Para 14 to 17 above.

1. It is requested that necessary in strs may please be issued to all service medical facilities Iiosp to intimate availability of spare capacity available with them for ECHS beneficiaries

2. on a particular day to the dependent ECHS Polyclinic by 0900 hrs on all working days.

Tele : 011-25695246
Telefax: 011-25684946
Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-10

14 Aug 15

B/49717-C/AG/ECHS
(All Regional Centres)

ADVISORY: HOSP REIMBURSEMENT

1. This HQ recently received a complaint fwd by the PMO from an AFV regarding long pending claim wherein he was unable to recover money he had spent on his treatment.

2. **Brief of the Case.** The indl was referred by his polyclinic to an empanelled hosp. While admitted, the hosp asked him to purchase certain medicines. Later, the hosp (online billing mode) preferred the whole claim and was duly paid as per procedure by ECHS. The hosp in fact extracted the cost of medicines (approx Rs 11,000/-) which it had not provided to the indl. Now the hosp, wrt fallout of the petitioners complaint to the PMO, has reimbursed the amount to the AFV.

3. **Advisory.** The following are pertinent :-

(a) PC/RC must ensure empanelled hosps offer cashless treatment.

(b) In case hosp and AFV mutually agree to take higher cost treatment, the hosp be advised to info the AFV of its implementations and cost outgo from indl clearly.

(c) In case hosp has preferred claim, part of which AFV had also paid, the implications and onus of reimbursement must rest with the empanelled facility.

(d) Such cases be progressed at RCs where MoA with hosps exist in a time sensitive matter so that AFVs are not harassed and forced to air grievance at highest levels.

4. Bill processors at all levels be sensitized on the above issues.

(R Malhotra)
Col
Dir (L)
For MD ECHS

Tele : 011-25690327
Telefax: 011-25684946
Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-10

B/49717-C/AG/ECHS 01 Oct 2018

(All Dir Regional Centre ECHS)

EMPANELLEDHOSP: UNREPRESENTED / LESS REPRESENTED AREAS

1. A lot of complaints are being received from the veterans regarding non empanelment of the hospitals in various areas, despite specialist hosp available in the region.

2. It is hereby advised to all Regional Centres that proactive approach be taken in all unrepresented / inadequately represented areas for empanelment of the hospitals at the earliest.

3. All stake holders will provide necessary assistance to the hospital in facilitating preparation of application for empanelment and ensure fast track processing by removing all observations at Regional Centre level.

4. Once all obsns are resolved, the application of the hospital will be processed without delay to Central Org ECHS for proceedings of Empanelment, No unnecessary delay at Regional Centre will be accepted. .

RajatPandey
Col
Dir (C & L)
For MD ECHS

Tele: 011-20892332.
Telefax: 011-25684946
Email: diecomplaints-mod@nic.in

Adjutant General's Branch IHQ MoD (Army)
Thimmaya Marg
Near Gopinath Circle Delhi Cantt-10

B/49717-C/AG/ECHS

31 Mar 2021

All Directors
Regional Centre ECHS

ADVISORY
PENDING REIMBURSEMENT OFINDIVIDUAL CLAIMS

FOR LONG DURATIONS

AT REGIONAL CENTRES AND POLYCLINICS

1. The year 2020.21 was marked with the pandemic and during this medically challenging situation, the beneficiaries were allowed to buy medicines and submit bills for reimbursement.

2. It has been observed with concern that the reimbursement claims of individuals are pending for long duration in NMI submission and processing. The state of large No of pending claims is alarming and may lead to avoidable complaints and litigations.

3. In order to reduce the pendency of claims, following actions be initiated immediately:-

(a) All NMI for individual reimbursement bills be resolved on priority by approaching the Polyclinics and individual beneficiaries.

(b) Claims lying in the Polyclinics be uploaded on priority.

(c) All waivers/sanctions be processed expeditiously

(d) Regional Centres to contact BPA for any reimbursement claim pending for more than 15 days at their end.

(e) Rejected claims be processed on PRIORITY.

(f) Payments for approved claims be released forthwith.

4. The details of reimbursement claims are easily available on BPA portal and it is requested that dashboard be followed regularly to resolve the pending claims.

5. A monthly feedback be forwarded on 05" of every month for perusal of MD, ECHS. 6. This has approval of MD, ECHS. (SBK Singh) Brig.

Dy MD

for MD ECHS

Internal Copy to:-

Med See (Claims) You are requested to follow up the status regularly and update MD every week commencing from

Tele : 011-20892332
Telefax: 011-25684946
Emai/: dircompaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-10

B/49717/C/AG/ECHS

27 May 2021

All ECHS Regional Centres

ADVISORY: EXTENSION OF MoA

1. PI ref Advisory 1-2019 Fwd vide CO ECHS letter No B/49717-C/AG/ECHS dt - 04 Dec 2019.

2. It is reiterated that conditions for Extension of MoA or non extension of MoA are clearly mentioned in para 28 of the ibid SOP. It is once again clarified that :-

(a) MoA will not be signed for extension when on due date of extension of MoA:-

(i) There is an arbitration case pending between the hosp (HCO) & MoD/CO ECHS/RC ECHS.~

(ii) There is a court case filed by the Hospital against MoD/ECHS.

(iii) STOP REFERRAL ORDER is issued against the hospital.

(iv) Extension of MoA will not take place unless final decision is taken by

(v) If papers for renewal are not in order. the MoD.

(b) MoA will be signed for extension when:-

(i) If any enquiry against hospital is under progress, however no decision on penalty/punishment had been promulgated against the hospital.

(ii) If any FIR has been lod~ed against hospital, however case is not subjudice in any court.

(iii) All papers submitted by the hospitals are correct and valid.

3. In case MoA has not been renewed due to case in Para 2(a) above, the details will be fwd to Medical Empanelment) Sec and C & L Sec with due reasons for not extending the MoA within five days. Medical (Ernpanelraent) Section will carry out following actions:-

(a) IntimateMoD (DoESW) for not signing the MoA with all reasons after due approval of MD ECHS.

(b) Intimate the decision of not renewing the MoA along with reasons thereof to the medical facility concerned within seven working days after expiry of due date of renewal of MoA.

4. All RCs must initiate action for disempanelment of the HCOs who have not renewed the MoA. All actions to be taken as per Para 28 of the Advisory 01-2019 dt 04 Dec 2019 in letter and spirit. PI ensure timelines as mentioned in the SOP are adhered to and appropriate action is initiated with Medical (Empanelment Section) for disempanelment of the hospital.

5. It is also clarified that if MoA of the hospital is not renewed, it does not mean that hospital has been disempanelled. The hospital remains empanelled, however the -- agreement of cashless treatment does not exist between the HCO and the government.

6. For info and necessary action pl.

Tele: 25683719
ASCON: 36831

Central Organisation, ECHS
Adjutant General's Branch
Army Headquarters
Maude Line
Delhi Cantt - 110 010

B/49797AG/ECHS

14 Oct 2011

IHQ of MoD (Navy) (Dir ECHS)
Air Headquarters (VB) (DPS)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A / ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres ECHS

EMPANELMENT OF HOSPITALS:
EARNEST MONEY DEPOSIT AND PERFORMANCE
BANK GUARANTEE

1. Reference our letter No. B/49771/AG/ECHS/POLICY dated 08 Jul 11 and B/49797/AG/ECHS dated 26 Aug 11.

Earnest Money Deposit (EMD)

2. Accepting EMD in form of Demand Draft and depositing the amount in Public Fund Account can lead to surrender of the said amount on 31 Mar (Financial Year end). To overcome this difficulty EMD will be obtained from Hospitals for empanelment with ECHS by Regional Centres in the form of EMD Bank Guarantee by a nationalised Bank for the specified amount. Format for EMD Bank Guarantee is at Appendix A.

3. The EMD is a surety to sign the MOA and will be refunded at the time of signing of MOA subject to following:

   (a) In case the application is rejected on technical grounds, EMD Bank Guarantee would be returned.

   (b) In case the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the EMD would be forfeited.

   (c) In case the applicant hospital / diagnostic centre refuses to sign the MOA, 50 % of the EMD would be forfeited.

4 MD ECHS will be the Competent Authority to order forfeiture of EMD,
e forfeited amount will be deposited with regional CDA through MRO under the Code Head 405/03 (Misc Receipt).Performance Bank Guarantee (PBG)

5. The healthcare facility approved for empanelment shall furnish a PBG of prescribed amount valid for a period of two years to ensure efficient service and to safeguard against any default. Hospitals have to submit PBG at the time of signing of MOA. At the time of renewal of MOA, a fresh PBG is to be obtained from the hospital. Format of PBG is attached at Appendix B.

6. The PBG will be forfeited and the hospital / health care facility removed from the list of empanelled institutions in case of any violation of the provisions of MOA such as:

(a) Refusal of service

(b) Undertaking unnecessary procedures.

(c) Prescribing unnecessary drugs / tests.

(d) Over billing

(e) Reduction in staff / infrastructure / equipment etc. after the facility has been empanelled.

(f) Refusal of credit to eligible beneficiaries and direct charging from them.

(g) If recommended by NABH / NABL at any stage.

(h) Discrimination against ECHS beneficiaries' vis-à-vis general patients.

Liquidated Damages (LDs)

7. In case of initial violation of the provisions of the MOA by the Hospital / Diagnostic Laboratories such as refusal of service or refusal of credit to eligible categories of ECHS Beneficiaries or defective service and negligence, the amount equivalent to 15% of the amount of PBG shall be charged as agreed Liquidated Damages by the ECHS, however, the total amount of the Performance Bank Guarantee shall be maintained intact being a revolving Guarantee.

8 In case of repeated defaults by the Hospital / Diagnostic Laboratories, the total amount of Performance Bank Guarantee shall be forfeited and action shall be taken for removing the hospital / diagnostic laboratory from the empanelment of ECHS as well as termination of the Agreement. Such action could be initiated on the basis of a complaint, medical audit or inspections carried out by ECHS teams at random

9. Before initiating action under above clauses, Regional Centre shall serve a show cause notice to the Hospital / Diagnostic Laboratories for which it shall have to respond within ten days of its receipt. In this Context refer Para 13 of Appendix to GoI, MoD, Letter No 22B(04)/2010/US(WE)/D(Res) dated 18 Feb 2011 and corrigendum GOI, MoD Letter No 22D(04)/2011/US(WE)/D(Res) dated 22 Jul 2011. The decision of the Ministry of Defence (ESW) in this regard shall be final.

Safe Custody

10. EMD Bank Guarantee and Performance Bank Guarantee are to be registered in Safe Custody Register to be maintained at Regional Centre for this purpose and the same is to be kept in Safe Custody of Director, Regional Centre.

Reports and Returns

11. All Regional Centres are requested to forward half yearly details pertaining to EMD, PBG and amount received against Application form for empanelment of Hospital with ECHS as per the format attached at Appendix C.

12. This Organisation letters mentioned at Para 1 above are hereby superseded. You are requested to disseminate these instructions down the chain of command for early action.

(SP Patil)
Brig
Dy MD
for MD ECHS

Appendices:

A – Format for EMD Bank Guarantee.
B – Format for PBG Bank Guarantee
C - Format for Half Yearly Report on EMD,PBG and Fees received against Application Form.

Copy to:

US (WE), DOESW, MOD

Internal:

Dir(Ops&Coord)
Dir (Med)
Dir (P&C)
IT Offr - for uploading on to Website.

Appendix A
(Ref to Para 2 of Central
Organisation Letter No 49797/AG/
ECHS dated 14 Oct 2011)

FORMAT FOR EMD BANK GUARANTEE

To

President of India

Acting through (Regional Centre ECHS)

WHEREAS ..... (Name of

Hospital / health care facility) has applied for empanelment with ECHS on

..... 2011.

AND WHEREAS The EMD is a surety to sign the MOA and will be refunded at the time of signing of MOA subject to following:

1. In case the application is rejected on technical grounds, EMD Bank Guarantee would be returned.

2. In case the application is rejected after inspection on the grounds of submitting incorrect information, then 50 % of the EMD would be forfeited.

3. In case the applicant hospital / diagnostic centre refuses to sign the MOA, 50 % of the EMD would be forfeited.

AND WHEREAS it has been stipulated by you in the procedure that the Hospital

applying for empanelment shall furnish you with a EMD Bank Guarantee by a

nationalised bank for the sum specified therein as Earnest Money as surety to sign

MoA on approval for empanelment.

AND WHEREAS we have agreed to give the Hospital a guarantee :
THEREFORE WE (Name of the Bank)---------- hereby affirm that we

are Guarantors and responsible to you, on behalf of Hospital (herein after referred to "the

Second Party" up to a total of---------- (Amount of the

guarantee in Words and Figures) and we hereby irrevocably, unconditionally and absolutely undertake to immediately pay you, upon your first written demand deceasing the Second Party to be in default under the Agreement and without cavil or argument, any sum or sums within the limit of

---------- a

s

aforesaid, without your needing to prove or to show this grounds or reasons for your demand or the sum specified therein. This guarantee is valid until the----------

----------day of---------- (One year from the date of issue).

This Guarantee shall be incorporated in accordance with the laws of India.

We represent that this Bank Guarantee has been established in such form and such content that is fully enforceable in accordance with its terms as against the Guarantor Bank in the manner provided herein.

The Guarantee shall not be affected in any manner by reason of merger, amalgamation, restructuring or any other change in the constitution of the Guarantor Bank or of the Hospital,

Date

Signature and Seal of Guarantors

Address:

Appendix B
(Ref to Para 5 of Central
Organisation Letter No 49797/AG/
ECHS dated 14 Oct 2011)

FORMAT FOR PERFORMANCE BANK GUARANTEE

To

President of India

Acting through (Regional Centre ECHS)

WHEREAS .....(Name of

Hospital) has undertaken, Agreement No.----------

dated,.....2011..... .....

---------- (Description of Services) hereinafter called "the Agreement".

AND WHEREAS it has been stipulated by you in the said Agreement that the Hospital selected for empanelment shall furnish you with a bank Guarantee by a nationalised bank for the sum specified therein as security for compliance with the Hospital performance obligations in accordance with the Agreement.

AND WHEREAS we have agreed to give the Hospital a guarantee :

THEREFORE WE (Name of the Bank) hereby affirm that we are Guarantors

and responsible to you, on behalf of Hospital (herein after referred to "the Second Party"

up to a total of .....(Amount of the guarantee in

Words and Figures) and we hereby irrevocably, unconditionally and absolutely

undertake to immediately pay you, upon your first written demand declaring the

Second Party to be in default under the Agreement and without cavil or argument, any sum or sums within the limit of---------- as aforesaid, without

your needing to prove or to show this grounds or reasons for your demand or the sum specified

therein. This guarantee is valid until the----------day of----------

This Guarantee shall be incorporated in accordance with the laws of India.

We represent that this Bank Guarantee has been established in such form and such content that is fully enforceable in accordance with its terms as against the Guarantor Bank in the manner provided herein.

The Guarantee shall not be affected in any manner by reason of merger, amalgamation, restructuring or any other change in the constitution of the Guarantor Bank or of the Hospital.

Date

Signature and Seal of Guarantors

Address:

Tele: 25683476
ASCON: 36833

Jdmed@echs.gov.in

Cental Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Amy)

B149771/AG/ECHS/Gen

12. Apr 18

All Regional Centres ECHS
UTI-ITSL

CLARIFICATION ON NABL RATES FOR NABL ACCREDIES MED FACILITIES

1. All Regional Centres will ensure that any medical facility who is empaneled with ECHS as NABH and also having lab services in the scope of NABH accreditation will not be allowed NABL rates without separate accreditation of lab services by NABL.

2. For your information and necessary action.

(DK Dubey)
Gp Capt
Jt Dir (Med)
for Dir (Med)

Tele: 25683476
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Army Headquarters
Thimmaya Marg,
NearGopinathCircle,
Delhi Cantt-110010

B/49797/AG/ECHS

15 Mar 2019

IHQ of MOD(Navy) (Dir ECHS)
Air Headquarters (VB) (DPS)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres, ECHS

EMPANELMENT OF HOSPITALS: EARNEST MONEY DEPOSIT AND PERFORMANCE BANK GUARANTEE

1. Further to this HQ letter No B/49797/AG/ECHS dated 14 Oct 2011.

2. On a query raised, it is clarified that Guarantee instruments like Earnest Money Deposit (EMD), deposited at the time of application, and Performance Bank Guarantee (PBG), deposited at the time of signing of MOA, can be of Private Sector Banks also, which are authorised to carry out Govt transactions.

3. Therefore, in Para 2 of the letter at Para 1 above, same to be amended to read EMD/PBG can either be of Nationalized Bank or Private Sector Scheduled Banks.

(RajivDhar)
Col
Jt Dir (Med)
for MD ECHS

Copy to:

US (WE), MoD (DOESW),

Internal:

Dir(Ops&Coord)
Dir (Med)
Dir(P&C)
IT Offr

MANDATE FORM
ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT (RTGS) / NATIONAL ELECTRONIC FUND TRANSFER

A. DETAILS OF BANK ACCOUNT HOLDER

Name of Firm / Beneficiaries	
Complete Address with PIN Code	
Contact Details : Name of Authorised Contact Person Telephone & FAX Number Email	

B. BANK ACCOUNT DETAILS

Account Title	
Type of Account (S.B. or C.A)	
Account Number (Please attach a cancelled cheque)	
Name of the Bank	
Branch	
Address	
Telephone No	
11 Digit IFSC Code	
9 Digit MICR Code	

I hereby declare that the particulars given above are correct and complete if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the under institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date : (Authorized Signatory)

Note : - Name of firm / beneficiaries should match with account title as provided and appearing in cancelled cheque

Tele: 25683476
Army: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
NearGopinath Circle,
Delhi Cantt-110010

B/49771/AG/ECHS/Emp/Gen

21 Oct 20

(All Regional Centre ECHS)

BANK MANDATE FORM WITH CANCELLED CHEQUE

1. Payment of empanelled hospitals is being made by the controlling PCDAs/CDAS of concerned regional centres of ECHS through SBI CMP module since last few months. Cases of mismatch of Bank A/C details of hospitals are brought to the notice of CO ECHS by PCDAs/CDAs. This is leading to rejection of payment to hospitals in particular or sometimes rejection of whole SID which contains several hospital bills.

2. Further, after going through the check list of documents for empanelment of hospitals, it is seen that it mentions bank details (in column No. 21) only to be submitted, and does not contain the specific form of bank details.

3. To avoid the rising audit objections, it is decided with immediate effect that **Bank mandate form in duplicate as per attached performa duly authenticated by the authorized signatory with cancelled cheque** be obtained before signing of initial MoA/renewal of MoA with the hospitals. Check list must also be amended accordingly and circulated to all HCOs applying for empanelment, ensuring that prescribed mandate form alongwith cancelled cheque is attached with application form before submitting the application to CO ECHS.

4. HCOs applying for **change of Bank details/name/ownership/address also need to submit the above mandate form alongwith cancelled cheque** as this is the mandatory requirement for further processing of the case.

5. This is for your information and necessary action please.

(Anupam Timothy)
Wg Cdr
JtDir Med(Emp)
for MD ECHS

Enclosures: As above

Internal Copy to:

P&FC Section - for info, wrt your letter No. B/49791/Cash Assn/AG/ECHS dated 07 Sep 2020.

Tele: 011-25682870
ASCON: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence(Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt -10

B/49771/AG/ECHS/Emp/MOA

17 Dec 2021

All Regional Centres, ECHS

AMPLIFICATION OFPROVISIONS RELATEDTOEXTENSION/TERMINATIONOF MOA WITH HCOS

1. Referthe following:

   (a) CO ECHS letter No 49771/AG/ECHS/Emp dated 14 Jun 2019.

   (b) CO ECHS letter No 49771/AG/ECHS/Emp dated 28 Jun 2019.

   (C) MoD (DoESW) letter No 25(02)/2018/WE/D(Res) dated 10 Oct 2019.

   (d) CO ECHS letter No B/49717-C/AG/ECHS dated 04 Dec 2019.

Extension of MOA

2. Procedure for extension of MoA is as given in the succeeding paras.

3. Extension of MoA requires the medical facility to submit signed MoA with requisite documents to concerned Regional Centre well before the date of expiry of MOA for signature by Director, Regional Centre. The MoA of such an empanelled medical facility shall be renewed by Director Regional Centre concerned before the date of its expiry provided the papers being in order and the following aspects are adhered to.

   (a) No arbitration case has been filed by the medical facility against ECHS/MOD which is pending in arbitration court as on the due date of renewal of MOA.

   (b) No court case has been filed by a medical facility against ECHS/ MOD which is pending decision as on the due date of renewal of MoA.

   (C) No order for 'Stop Referral has been issued against that medical facility prior to the due date of renewal.

4. In such cases as mentioned in Para 3(a) to (c) above, extension of MoA shall not be done until a final decision has been taken by MoD/DOESW. In all such cases CO, ECHS shall clearly intimate the MoD/DOESW that MOA of the empanelled medical facility has not been renewed alongwith reasons for not doing so. CO ECHS shall also intimate the decision

of not renewing the MoA alongwith reasons thereof to the medical facility concerned within seven working days after expiry of due date of renewal of existing MOA. Stop Referral will be issued by Regional Centre from the date of expiry of the MoA until further renewal or natural expiry of 'Stop Referral after disempanelment. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.

Non Renewal of MoA by HCO.

5. Where an empanelled medical facility does not seek renewal, Stop Referral will be issued by Regional Centre from the date of expiry of the MoA until further renewal. Director Regional Centre will issue a notice to the medical facility 30 days after expiry of MoA to submit renewal documents. If the medical facility does not respond to the notice of Director, Regional Centre, even 60 days after expiry of the MOA, Dir Regional Centre will recommend disempanelment of the HCO and process the case with recommendations of Cdrs in Chain to Central Org ECHS. MD ECHS will further process the case with MoD/DoESW for disempanelment with his recommendations. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.

Premature Termination of MoA

6. Para 41 (C) of the MoA provides for termination of MOA by either the empanelled HCO or ECHS with prior notice of 30 days.

7. **Premature Termination by Empanelled HCO.** Upon intimation of premature termination of MOA by the HCO with prior notice of 30 days, the Dir Regional Centre will ensure that all concerned are intimated about the impending termination of MoA to include, the polyclinics, BPA and the beneficiaries. Stop Referral will be issued against the concerned HCO by the Regional Centre from the date of termination of the MOA. A show cause notice will be issued asking the HCO as to why the facility should not be disempanelled within 30 days of termination of MoA. Based on the reply received or non receipt of reply within 15 days of serving the notice, Dir Regional Centre may take up case with CO ECHS for disempanelment with recommendations of Cdrs in chain. CO ECHS will thereafter process the case with MoD/DOESW with recommendations of MD, ECHS. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.

8. **Premature Termination by ECHS.** As per the provision of MoD letter No 22D(04)/2011/US(WE)/D(Res) dated 22 Jul 11, MOA/Contract of empanelled hospital can be suspended/terminated only with the approval of MoD/DOESW. A case will be taken up by Dir Regional Centre with recommendations of Cdrs in chain with CO ECHS for obtaining prior sanction of the MoD/DOESW for premature termination of MoA with an empanelled HCO giving reasons. On receipt of sanction of MoD/DOESW, notice for termination of MoA will be served on the HCO and the MoA will be terminated after expiry of 30 days of notice. Stop Referral will be issued against the concerned HCO by the Regional Centre from the date of termination of the MOA. A separate case for disempanelment will be taken with MoD/DOESW within 30 days after termination of MOA. Before recommending a HCO for disempanelment, it will be ensured that there are no dues pending to be paid to the HCO.

In cases relating to violation of MoA and actions to be taken against the empanelled HCOs, provisions of MoD/DOESW letter No 25(02)/2018/WE/D(Res) dated 10 Oct 2019 will be complied with.

9. The letters mentioned at Para 1(a) & (b) will be treated as cancelled.

10. This has approval of MD ECHS.

(AnupamNAdhaulia)
Col
Dir Med
For MD ECHS

Tele: 25683476
Army: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/497711AG/ECHS/Emp/Policy

23 Dec 21

(All Regional Centre ECHS)

REVISED ADVISORY : CHANGE OF NAME/ OWNERSHIP/ BANK DETAILS/ CHANGE OF ADDRESS IN RESPECT OF EMPANELLED MEDICAL FACILITIES WITH ECHS

1. In recent past, various request/representations have been received from empanelled medical facilities with regards to change of name, ownership, bank details and address. However, same is not supported with the requisite documents to effect the necessary change and thus causing inadvertent delays.

2. Hence, there is an imperative need to specify the documents to accompany the application for effecting such changes. List of requisite ink signed documents regarding change of name, ownership, bankers and address are to be forwarded to CO ECHS separately as listed under :-

(a) **For Change of Name Cases.** The following documents must be obtained from the concerned medical facility :-

(i) Registration under State Health Authority (Municipality/ CMO/Clinical Est Act/Nursing Home Act) in the new name.

(ii) Registration under Pollution Control Board (For Bio-medical waste and consent for Air & xvater) in the new name.

(iii) Fire NOC from State Fire Deptt in the new name.

(iv) Declaration regarding change of name with address, from the owner of the HCO and Agreement/ Deed if hospital is run by Partnership or Board Resolution if the management relates to Ltd or Pvt Ltd/Trust/Society or an Undertaking (duly notarized on non-judicial stamp paper) in case of Sole Prop owner.

(v) Certificate of incorporation regarding change of name of company issued by Ministry of Corporate Affairs along with Memorandum of Association, in case of med facility run by a company (Ltd/Pvt Ltd).

(vi) Registration under Shops and Establishment Act from State Labor Deptt in the new name.

(vii) Bank mandate (as per attached format) along with cancelled cheque (vide CO ECHS letter B/49771/AG/ECHS/Emp/Gen dated 21 Oct 2020.

(viii) Photocopy of PAN Card in the new name.

(ix) A copy of latest Govt order (GL note) issued by MoD (DoESW) for the empanelled medical facility as per current MoA signed by Regional Centres ECHS.

(x) A copy of approval letter issued earlier if any, by CO ECHS pertaining to case for change of name/ ownership in respect of the empanelled facility.

(b) For Change of Ownership. The following documents will be submitted by the concerned medical facility :-

(i) Certificate of incorporation regarding change of name of company from Ministry of Corporate Affairs and Memorandum of Association from the new management in case of med facility run by a company (Ltd/Pvt Ltd).

(ii) Copy of Board resolution from existing management stating that the assets have been transferred to the new management.

(iii) No Objection Certificate from the owner/authorized signatory of existing management regarding payment of bills in the new management.

(iv) No Objection certificate from the owner/authorized signatory of new management regarding pending or future dues/audit objections will be resolved/settled by the new management.

(v) Photocopy of PAN Card in the new name.

(vi) Bank mandate (as per attached format) along with cancelled cheque (vide CO ECHS letter B/49771/AG/ECHS/Emp/Gen dated 21 Oct 2020.

(vii) A copy of latest Govt order (GL note) issued by MoD (DoESW) for the empanelled medical facility as per current MoA signed by Regional Centres ECHS.

(viii) A copy of approval letter issued earlier if any, by CO ECHS pertaining to case for change of name/ ownership in respect of the empanelled facility.

(c) For Change of Bank/ PAN Details. The following documents will be submitted by the concerned medical facility :-

(i) Reason for change of Bank details.

(ii) Undertaking from the owner that there is no change in ownership of the hospital.

(iii) Photocopy of PAN Card

(iv) Bank mandate (as per attached format) along with cancelled cheque (vide CO ECHS letter B/49771/AG/ECHS/Emp/Gen dated 21 Oct 2020.

(v) A copy of latest Govt Order (GL note) issued by MoD (DoESW) for the empanelled medical facility as per current MoA signed by Regional Centres ECHS.

(vi) A copy of approval letter issued earlier if any, by CO ECHS pertaining to case for change of name/ ownership in respect of the empanelled facility.

(d) **For Change of Address Cases.** Change of address will require a fresh inspection of facility by QCI/NABH at the changed location as the case may be. A fresh application for empanelment of the hospital at the changed location is required to be submitted by the hospital and forwarded to CO **ECHS.** A 'Stop Referral' will be issued to the medical facility by the Regional Centers ECHS, if the services being provided to the ECHS beneficiaries have been stopped by the hospital at the old address/location as per the existing empanelment order of the medical facility. Fresh MoA with the med facility will be signed and services of the hospital will be resumed at the changed location, only on issuance of fresh empanelment Govt order from MoD (DoESW).

3. **Recognised Owner.** In addition to the above, it is also clarified that the **type** of recognized owners are as under:-

(a) Individuals i.e. Sole Proprietor as per owner's affidavit.

(b) Partnerships/Limited liability company: owner will be a firm specified in partnership deed.

(c) Limited Companies: Owner as per certificate of Incorporation and Memorandum of Association:

(d) Societies/Trust/Other Corporation: Owner as per Memorandum of Association/ Societies Act registration.

4. Above is submitted for information and compliance please. RCs are requested to ensure that the documents as listed at Para 2 above for the four different requirements are duly scruitinized before submission to this office.

5. This supercedes previous advisory on the subject circulated vide CO ECHS letter No. B/49771/AG/ECHS/Emp/Gen dated 13 Feb 2019.

(RamitaGupta)
Wg Cdr
Jt Dir Med (Emp)
for MD ECHS

Internal

S&A Sec For necessary intimation and uploading on website.

Tele: 25682870
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Canit -10

B/49771/AG/ECHS/Emp/

12 May 2022

Regional Centre ECHS
Allahabad

QCI INSPECTION REPORT FOR RENEWAL OF MOA

1. Refer to Your letter No 2502/Med/E-5 dated 26 Apr 2022.

2. **Clarification regarding Renewal of MoA for Hospitals not holding QCI Inspection Report / NABH Accreditation Certificate**: In case any hospital is not holding QCI Inspection Report / NABH Accreditation certificate at the time of renewal of MoA, a Stop Referral will be imposed on the hospital immediately, initially for a period of 03 months. The hospital must be directed to apply for QCI / NABH Inspection and diligently put all efforts to get the inspection done and obtain inspection report at the earliest.

3. Thereafter, the case will be reviewed for further renewal of MoA / continuation of Stop Referral / Disempanelment process.

4. A list of such hospitals not having QCI Certification or NABH accreditation that are empanelled and having a valid running MoA be fwd to this office by 30 May 2022. If the hospital is empanelled but not having valid MoA, and the hospital approaches for renewal of MoA, the policy at Para 2 above will apply. In case the hospital is not interested in renewal of MoA, case for disempanelment will be taken up as per our letter No B/49771/AG/ECHS/Emp/Gen dated 17 Dec 2021.

5. Specific cases if any in remote areas such as Himachal Pradesh, Chhattisgarh, Telangana, J&K, Uttrakhand, NE region and Odisha or any other region, where the Non QCI and Non NABH hospitals are considered essential to remain on empanelled list, may be fwd for obtaining sanction as an exception.

(Khushbu Mehrotra)
Lt Col
Offg
Jt Dir Medical (Emp)
For MD ECHS

Copy to:-

All Regional Centres - For advance information and necessary action please.

Internal

S&A Sec - For necessary intimation and uploading on website.

Tele : 011-25683476
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters of MoD (Army)
Maude Lines
New Delhi – 110010

B/49761/AG/ECHS/Policy

29 Aug 2013

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS & Med)
HQ Eastern command (A/ECHS & Med)
HQ Western Command (A/ECHS & Med)
HQ Central Command (A/ECHS & Med)
HQ Northern Command (A/ECHS & Med)
HQ South Western Command (A/ECHS & Med)
HQ Andaman & Nicobar Command (A/ECHS)

ISSUEOF MEDICAL EQPT PRESCRIBEDFORECHS MEMBERS:

AMENDMENT TO POLICY

1. Referfollowing of Central Org ECHS letters:-
   (a) B/49773/AG/ECHS dated 05 Apr 2004.
   (b) B/49770/AG/ECHS/HA dated 30 Aug 2006.
   (c) B/49761/AG/ECHS/Policy dated 01 Apr 2013.

2. As per letter as 1(a) above the following Med Eqpts are authorized for issue to ECHS members:-
   (a) Hearing Aids.
   (b) ArtificialLimbs / Appliances.
   (c) Glucometers and Nebulisers.
   (d) CIPAP / BIPAP Machines.
   (e) Spectacles.

3. The compotent Financial Authority for purchase of all a/m Med Eqpts is the station Cdr as per letter as para 1 (a). For all Regional centres where medical claims are being processed 'on line' w.e.f 01 Apr 2013, CFA has been redesignated as per letter at para 1 (c). All such claims will be processed physically by polyclinics and Regional Centres and not "On line" as was being done hither-to-fore.

4. Para 6(a) of this office letter No. B/49770/AG/ECHS/HA dated 30 Aug 2006 is amended as under for body worn/Pocket type/Analogue BTE hearing aids.

For- " Recommendation for Hearing Aids will be acceptable ONLY from a service ENT Specialist".

Read – " Recommendation for Hearing Aids will be acceptable from a service ENT Specialist / ENT Specialist of Govt Hospitals".

Sd/-XXXX
(Vijay Anand)
Col
Dir(Med)
For MD

Copy to:-

CGDA Ulan Batar Road, Palam, Delhi Cantt – 10	-	forinfo please.
UTI ITSL 153/1, First floor, Old Madras Road Holasuru, Bangalore – 560008.	-	for info please.
(All Regional Centres) -	1.	for info
	2.	Forward copies of this letter to all polyclinic under your AOR also.

Internal

Ops & Coord Sec P& FC Sec Claim Sec IT Sec	-	for uploading it on websites in policy section.

Tele: 011-25683476
Fax: 011-25682392
Email: diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-110 010

19 Jan 2015

B/49761/AG/ECHS/Policy

IHQ of MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

IMPLEMENTATION INSTR: ISSUE OF MEDICAL EQPT PRESCRIBED FOR ECHS

MEMBERS

1. Ref

(a) GOI/MOD letter No 24(8)/ 03/ US(WE) D(Res) dated 19 Dec 03.

(b) Cent Org ECHS Letter No B/49773/AG/ECHS dated 05 Apr 04.

(c) CGHS OM No S11011/ 41 2014-CGHS(P) dated 05 Mar 14.

2. The issue of medical equipment prescribed for ECHS members is governed by GOI/MOD letter under reference 1(a). The procedure for issue has been implemented vide Central Org ECHS letter under reference 1(b). MH& FW OM No 24-2/ 96/R&H/ CGHS/ Part-1/ CGHS(P) dt 26 Jun 01 governs the type of equipment to be issued and its ceiling rates. This OM has been updated by CGHS OM under reference 1(c). However, this OM has authorized additional types of equipment without formulating the prescription
criteria for the same. The matter has been considered by this Central Org in consultation with Olo DGAFMS and Consultant, Respiratory Medicine, AH R&R and this implementation letter is being issued suitably modified to cater for the needs and procedures of ECHS and its members.

3. The following guidelines have been framed for issue of Oxygen Concentrator/BIPAP/CPAP etc. to ECHS beneficiaries:

(a) The items will be procured by Polyclinic and issued to beneficiary as per procedure and conditions outlined in Central Org letter under reference 1(b).

(b) Statement of case should be accompanied with the relevant Proforma for the machine, duly filled up by the treating physician (specimen copy of Proforma attached). The treating physician should carefully read the laid down guidelines before filling up the respective columns of the Proforma. Actual value of the parameters mentioned in Proforma should invariably be entered and complete basic investigation reports must be attached.

(c) The maximum ceiling limit for procurement will be as following:

(i)	Oxygen Concentrator	Rs. 60,000/-
(ii)	CPAP	Rs. 50,000/-
(iii)	Bi-level CPAP	Rs. 80,000/-
(iv)	Bi-level Ventilatory system	Rs. 1,20,000/-

(d) The above ceiling limits include cost of maintenance with spare parts for a period of five years. Humidifiers, if prescribed should be an integral part of the PAP system rather than being supplied separately.

4 Reimbursement is NOT permitted as of date. Instr for reimbursement are being issued separately. This office letter No B/ 49761/AG/ ECHS/ Policy dated 27 Jan 14 maybe treated as cancelled.

5. These instructions and rates shall take effect from the date of issue of this letter. This letter is issued with approval of competent authority empowered vide GOI/Mod letter No.22(1)/ 01/ US(WE) D(Res) dated 30 Dec 02 amended vide GOI/Mod letter No.22(1)/ 01/ US(WE) D(Res) dated 29 May 03.

(Vijay Anand)
Col
Dir Med
For MD ECHS

Encl: 1. Proforma for prescription

2. Notes to Prescribers

CopyTo:

DOESW - for info.

DGAFMS-DG-3A

DGMS (Army)/DGMS-5(B)

DGMS (Navy)/Dir ECHS (Navy) -for info please.

DGMS (Air Force) (Med-7)

UTHTSL

1533/1. Above Farico Show Room- for info

1st Floor, Old Madras Road Halasuru,

Bangalore, Karnataka-560008

Office of the CGDA - for info of PCDAs and CDAs please.

UlanBatar Road, Palam, Delhi Cantt-10

(_____)

All Regional Centres - Request confirm receipt and ensure action.

Internal

Ops & Coord, P&FC, Claim Sec

Stats & Automation Sec - for uploading on ECHS website of said letter

NOTE FOR PRESCRIBERS

(For diagnostic as well as for titration)

Only whole night manually validated Level-1 polysomnography including channels for sleep, breathing, pulse oximetry, leg EMG, ECG, snoring & BI-LEVEL titration will be accepted for consideration of BI-LEVEL CPAP / BI-LEVEL ventilator support system. Screening studies such as Level III, Level IV (Cardio pulmonary sleep studies) shall not be acceptable. Auto titrated CPAP studies shall also not be acceptable.

DEFINITIONS

1. **Apneas**: Absence of airflow on the nasal cannula and < 10% baseline fluctuations on the thermistor signal, lasting for > 10 s.

2 **Flow limitation Events:** Any series of two or more breaths (lasting > 10s) that had a flattened or nonsinusoidal appearance on the inspiratory nasal cannula flow signal and ended abruptly with a return to breaths with sinusoidal shape.

3. **Hypopneas** American Academy of Sleep Medicine (AASM) hypopneas: As proposed by the AASM Task Force (10), these events include both flow Hypopneas and any flow limitation event associated with 3% desaturation or associated with an AASM arousal.

4. **RERA (respiratory effort-related arousal)** is defined as a event characterized by increasing respiratory effort for > 10 seconds leading to arousal from sleep but which does not fulfill the criteria for hypopnea or apnea. A RERA is detected with nocturnal esophageal catheter pressure measurement, which demonstrates a pattern of progressive negative esophageal pressures terminated in a change in pressure to a less negative pressure level associated with an arousal.

5. **RDI** (respiratory distress index) is defined as the number of obstructive apneas, hypopneas and RERA's per hour (based on a minimum of 2 hours of sleep in c split-NPSG) recorded by polysomnography using actual recorded hours of sleep (i.e. the RDI may not be extrapolated or projected).

6. AHI (Apnea Hypopnea Index) The AHI is equal to the average number of episodes of apnea and hypopnea per hour and must be based on a minimum of two hours of sleep recorded by polysomnography using actual recorded hours of sleep, (i.e., *the AHI may not be extrapolated or projected).

Note: For the purposes of this recommendation, the terms apnea hypopnea index (AHI) and respiratory disturbance index (RDI) are interchangeable, although they may differ slightly in clinical use; an AHI/RDI greater than 30 is consistent with severe obstructive sleep apnea. In some cases, respiratory effort- related arousals (or RERAS) are included in the RDI value. These RERA episodes represent EEG arousals associated with increased respiratory efforts but do not qualify for apneic or hypopneic episodes because of the absence of their defining air flow changes and/or levels of oxygen saturation

7. Upper airway resistance syndrome (UARS): is an abnormal breathing pattern during sleep that is associated with isolated daytime sleepiness not explained by any other cause,

including the obstructive sleep apnea/hypopnea syndrome. Essential features include (a) the clinical complaint of excessive daytime sleepiness; (b) an elevated EEG arousal index (more than ten per hour of sleep) with arousals related to increased respiratory efforts as measured by continuous nocturnal monitoring of esophageal pressures; (c) a normal RDI of less than 5 events per hour of sleep. Supportive features include (a) the clinical complaint of snoring (b) an increase in snoring intensity prior to EEG arousals and (c) clinical improvement with a short term trial of nasal CPAP therapy.

8. Split-Night Study NPSG: Patients with a RDI of > 40 events per hour during the first 2 hours of a diagnostic NPSG receive a split-night study NPSG, of which the final portion of the NPSG is used to titrate CPAP; split-night study may be considered for patients with RDI of 20-40 events per hour, based on clinical observations, such as the occurrence of obstructive respiratory events with a prolonged duration or in associated with severe oxygen desaturation: a minimum of 3 hours of sleep is preferred to adequately
titrate CPAP after this treatment is initiated; 'split-night studies require the recording and analysis of the same parameters as a standard diagnostic NPSG; on occasion, and additional full-night CPAP titration NPSG may be required if the split-night study did not allow for the abolishment of the vast majority of obstructive respiratory events or prescribed CPAP treatment does not control clinical symptoms.

INDICATIONS

1. **CPAP treatment is indicated in the following situations:**

The treatment of obstructive sleep apnea (OSA) in adults is considered medically necessary for patients who meet either of the following criteria on polysomnography:

(a) Apnea Hypopnea Index (AHI) or a respiratory disturbance index (RDI) greater than or equal to 15 events per hour; OR

(b) AHI (or RDI) greater than or equal-to 5, and less than 15 events per hour with documentation demonstrating any of the following symptoms:

(i) Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping (e.g. during driving, conversation or eating) or sleepiness that interferes with daily activities, or

(ii) Impaired cognition or mood disorders; or

(iii) -Hypertension; or

(iv) Ischemic heart disease or history of stroke; or

(v) Cardiac arrhythmias, or

(vi) Pulmonary hypertension.

2. **BI-LEVEL CPAP is indicated in the following conditions:**

BI-LEVEL CPAP is a device used mainly for severe cases of OSA. Bi-level CPAP (with IPAP 4-22 cm water and EPAP 4-22 cm water)

(a) When CPAP pressure requirement is greater than 16 cm

(b) Oral leaks become uncontrollable at sub-therapeutic pressure after trying humidifier, chin strap & positive pressure therapy.

(c) Pressure of central apneas due to too high pressures.

(d) When patient cannot tolerate CPAP after ensuring the problem is not due to oral leaks, dryness, nasal congestion, interface problem or claustrophobia.

(e) Patients with persistent hypoxia and / or hypercapnia after treatment with CPAP

3. **BI-LEVEL Ventilatory support system is indicated in the following conditions:**

Bi-level CPAP (with IPAP 4-30 cm water and EPAP 4-30 cm water)

(a) **Restrictive Thoracic Disease :** (e.g. sequelae of polio, spinal cord injury, neuropathies, myopathies and dystrophies, amyotrophic lateral sclerosis, chest wall deformities and kyphoscoliosis, post thoracoplasty for TB) with symptoms (such as fatigue, dyspnea, morning headaches etc) and one of the following: (a) PaCo2 > 45 mmHg on room air or PaCO2 > 52 mmHg, done while awake and breathing the patient's usual FiO2, (b) sleep oxymetry demonstrating oxygen saturation < 88% for at least than 5 consecutive minutes done while breathing the patient's usual FiO2; (c) for progressive neuromuscular disease (only) maximal
inspiratory pressure is <60 cm H20 or forced vital capacity is < 50% predicted AND chronic obstructive pulmonary disease does not contribute significantly to the patient's pulmonary limitation.

(b) **Chronic Obstructive Pulmonary Disease (COPD)** (e.g. chronic bronchitis, emphysema, bronchiectasis) with symptoms (such as fatigue, dyspnea, morning headache etc.) and one of the following:

(a PaCO2 > 55 mmHg while awake and breathing patient's usual FiO2 of 50-54 mmHg and nocturnal desaturation of spO2 < 88% for 5 continuous minutes while receiving oxygen therapy > 2 LpM;

(c) PaCo2 of 50-54 mmHg and hospitalization related to recurrent (>2 in a 12 month period) episodes of hypercapneic respiratory failure; optimal management with bronchodilators, oxygen when indicated must have been ensured; obstructive sleep apnea must have been excluded by polysomnography and there should preferably be an evidence of sustained hypoventilation as shown by prolonged episodes of desaturation during sleep.

(d) **Nocturnal hypoventilation** from additional disorders (alveolar hypoventilation: central alveolar hypoventilation: central alveolar hypoventilation, idiopathic central sleep apnea, obesity hypoventilation syndrome, Cheyne-Stokes respiration, obstructive sleep apnea combined with COPD and pulmonary hypertension or CHF i.e. overlap syndrome, radiation fibrosis or occupational exposure disease; NPSG criteria for OSA not responsive to CPAP include (i) PSG criteria for mixed sleep apnea; not responsive to CPAP therapy (ii) other forms of nocturnal hypoventilation.

4. **Indications for humidification**

(a) Positive Airway Pressure more than 12 cm water

(b) Recurrent and intractable nasal stuffiness and blockage

(c) Severe dryness of throat

5 These indications are to be primarily thought of as palliative care. The patient should be willing to use for 16-18 hr per day. The decision to prescribe should be taken only after stabilization of medical treatment for 6-8 wks after acute exacerbation.

CONTRA-INDICATIONS TO OXYGEN PRESCRIPTION

(a) Dyspnoea in COPD with PaO2 > 60mmHg.

(b) Current tobacco smokers.

(c) Patients who have not received adequate therapy of other kinds.

(d) Patients who are not motivated to use oxygen therapy according to prescription.

(e) Patients who have cognitive impairment that prevent them from managing their own oxygen therapy appropriately and safely, or where a carer can not assist.

CERTIFICATE OF MEDICAL NECESSITY FOR PRESCRIPTION OF CONTINUOUS

POSITIVE AIRWAY PRESSURE (CPAP) I BILEVEL CONTINUOUS POSITIVE AIRWAY PRESSURE (BI- LEVEL CPAP) / BI-LEVEL VENTILATORY SUPPORT SYSTEM / OXYGEN CONCENTRATORS

1. OPD Regn No…..…..... date ……..

2. ECHS Card No ……..

Name of patient ……. Age ..... Relationship with ESM …..... ESM Service

No ..... Rank ..... Name ……..

Tele No .....

3. (a)Brief history and physical findings

(b) Co-morbidity (if any)

(c) Whether accompanied by symptoms of
Excessive daytime sleepiness: Yes/No

Snoring: Yes/No

Impaired cognition: Yes/No

Documented cardiovascular disease like hypertension, ischemic heart disease or Stroke (specify if Yes) Yes/No:

	1	2	3
Date			
Haematocrit			
ECG			
Blood Sugar			
Lipid Profile			
Arterial Blood gases			
pH			
pa02			
paCo2 HCO3 a			
HCO3 S			
BE			
O2 sat			
X-ray Chest			
Echocardiography			
Pulmonary functiontests			
Thyroid tests			
Ear, nose & throat examination			
Others (specify)			

5. Diagnostic nocturnal polysomnography (NPSG) data:

(a) Dateof sleep study

(b) Address of sleep-laboratory /facility

(d) Parameters studied during polysomnography

Electro encephalogram	Yes/No
Electrooculogram	Yes/No
Electromyogram	Yes/No
Oro nasal airflow	Yes/No
Chest & abdominal wall effort	Yes/No
Body position	Yes/No
Snore microphone	Yes/No
Electro-cardiogram	Yes/No
Oxyhaemoglobin saturation	Yes/No

(e) Average number of obstructive symptoms per hour of recorded sleep (in case of standard as well as split NPSG)

(i) Obstructive apnoea
(ii) Hypopnea
(iii) Flowlimitation.
(iv) RERA
(v) Sustained hype ventilation

(f) Respiratory Distress index (RDI)

Only whole night polysomnography (Level-1) including channels for sleep, breathing, pulse oxymetry, leg EMG, ECG, snoring will be accepted for consideration of BI-LEVEL CPAP/BI-LEVEL ventilatory support system

6. Date of BIPAP/CPAP titration study

7. (a) BIPAP settings:

Inspiratory pressure (IPAP)

Expiratory pressure (EPAP)

Backup Rate (if necessary)

Supplemental oxygen (flow rate or FiO2)

(b) CPAP pressure (in cm H20) prescribed:

(c) Supplemental oxygen (flow rate or FiO2)

(d) Humidification required Yes/ No

8. Final Diagnosis

9. Recommended: Oxygen Concentrator/ ventilatory support system CPAP/BI-LEVEL CPAP / BI-LEVEL with/without Humidifier

I certify that the medical necessity information is true, accurate and complete to the best of my knowledge. I have carefully gone through the note for prescribers before filling up this Proforma.

Date: (Full Name, signature & address of physician)

RECOMMENDATIONS

Recommended/ Not recommended

Recommended/ Not recommended

Senior Adviser

Consultant

Tele: 25683479
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49762/AG/ECHS/Policy/2015

29 Apr 2015

(All Regional Centres)

ISSUE OF MEDICINES BY EMPANELLED PRIVATE HOSPITAL

FOR 7 DAYS POST DISCHARGE

1. Refer GOI letter No 22 D (07)/2014/(WE)/D(Res) dt 22 Apr 2015 and even no dt 23 Apr 2015 (Copy attached).

2. Para 6 of the GOI letter dated 22 Apr 2015 will be the guideline to reply to audit observations if any on this office letter No B/49761/AG/ECHS(Eqpt) dt 14 Nov 2012.

3. You are requested to info all the empanelled hospitals and ECHS Polyclinics in your AOR.

(Mohan Singh)
Col
Jt Dir (Med)
for MD ECHS

Copy to:-

UTHTSL

1st Floor, Old Madras Road

Halasuru, Bangalore

Karnataka-560008

Office of the CGDA - for info please.

Ulan Batar Road

Palam, Delhi Cantt-10

Internal:-

Claim section - for info.

Stats & Auto Sec - for uploading on ECHS website.

No.22 D(07)/2014/ (WE)/D(Res)
Government of India
Ministry of Defence
Sena Bhawan, New Delhi

Dated : 22nd April, 2015.

To,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

ADDENDUM

Subject Issue of Medicines by Empanelled Private Hospital for 7 days Post Discharge

Sir,

1. With reference to Govt. of India, Ministry of Defence letter No.24(8)/03/US(WE)/D(Res) dated 19th December 2003, I am directed to convey the sanction of Competent Authority for adoption of modification in procedure for reimbursement of medical expenses.

2. With a view to alleviate the inconvenience to ECHS beneficiaries in getting medicines immediately after discharge from empanelled private hospitals, it has been decided that ECHS beneficiaries who had taken inpatient medical treatment from a ECHS empanelled prescribed medicines from the treating private hospital at the time of discharge for a period upto seven (7) days. The hospital will raise bill for the medicines separately and submit it alongwith the hospital bill for inpatient treatment to ECHS for payment in case of ECHS beneficiaries who are entitled to avail cashless medical treatment at the hospital.

3. The above facility will however, be subject to the following conditions.

   (i) Only essential medicines in generic form for continuity of treatment will be issued by the hospital.

   (ii) No Nutritional supplements, tonic, cough syrup, vitamins, injections will be issued by the hospital. These are not allowed.

   (iii) No non-drug items/equipments/appliances will be issued.

   (iv) Total cost of such medicines issued by the hospital must not exceed Rs.2000/- in any case.

4. This facility will be applicable to only those bills raised by empanelled hospitals providing cashless medical treatment to ECHS beneficiaries for all diseases and treatments. However, the conditions as mentioned in Para 6 & 7 of letter under reference will continue to be applicable for re-imbursement claims of ECHS beneficiaries for the period beyond 7 days from the date of discharge provided empanelled hospitals have issued medicines under this letter.

5. The provisions in this letter will be effective from date of issue of this letter.

6. Sanction of competent authority is hereby granted to regularize the issue of medicines in response to Central Organisation ECHS policy letter B/49761/AG/ECHS/Eqpt/G-Corres dated 14 Nov. 2012. The re-imbursement of bills of the period from 14 Nov. 2012 to the date of issue of this letter will be governed by provisions of this letter.

7. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O. No 33(207)/2014.Fin/Pen dated 8-4-2015.

Yours faithfully,

(H.K. Mallick)

Undersecretary to the Govt. of India

Copy to

PS to RRM

CGDA, New Delhi

MD, ECHS DFA(Fin./Pen)

Copy for information to :

PPStoSecretary,ESW

PS to JS(ESW)

PStoJS&Addl. FA(DR)

DS(Res-I)

Copy signed in ink to

PCDA/CDA

No.22 D(07)/2014) (WE)/D(Res)

Government of India
Ministry of Defence
New Delhi,

Dated : 23rd April, 2015.

To,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

ADDENDUM

Subject Procedure for payment and reimbursement of medical expenses under ECHS

Sir,

1. With reference to Govt. of India, Ministry of Defence letter No.24(8)/03/US(WE)/D(Res) dated 19th December 2003, I am directed to convey the sanction of Competent Authority for following addition to Para 7 of the letter.

2. The reimbursement shall be limited to 23 days in case 7 days medicines have been issued by empanelled hospital for conditions mentioned in para 6 of Govt. of India letter under reference in terms of GOI/MOD letter No. 22D (07)/2014/US(WE)/D(Res) dated 22nd April 2015.

3. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O. No 33(207)/2014.Fin/Pen dated 8-4-2015.

Yours faithfully,

(H.K. Mallick)

Undersecretary to the Govt. of India

Copy to

PS to RM

PS to RRM

CGDA, New Delhi MD,ECHS

DFA (Fin./Pen)

Copy for information to :

PPStoSecretary,ESW

PS to JS(ESW)

PS toJS & Addl. FA(DR)

DS(Res-I)

Copy signed in ink to

PCDA/CDA

Tele: 25683476
ASCON: 36833

REGISTERED BY POST

Central Organizations, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence (Army)
Maude Lines

26 Jun 2015

B/49761/AG/ECHS

IHQ of MoD (Navy)/ Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS & Med)
HQ Eastern Command (A/ECHS & Med)
HQ Western Command (A/ ECSH& Med)
HQ Central Command (A/ECHS & Med)
HQ Northern Command (A/ECHS & Med)
HQ South Western Command (A/ECHS & Med)
HQ Andaman & Nicobar Command (A/ECHS)

ISSUE OF MEDICAL EQPT PRESCRIBED FOR ECHS MEMBERS

1 Ref following letters:

(a) B/49773/AG/ECHS dt 05 Apr 2004.

(b) B149761/AG/ECHS/Policy dt 10 Sep 2013.

(c) B/49773/AG/ECHS/Policy dt 19 Jan 2015.

2. The under mentioned med eqpts are authorised for issue to ECHS beneficiaries as per letter at para 1 (a) & 1 (c) :

(a) Hearing Aids.

(b) Artificial Limbs/ Appliances.

(c) CIPAP/ BIPAP Machines/ Oxygen Concentrators/ Bi- Level - Ventilatory System.

(d) Spectacles.

3. Payment to the venders was being done by the Station Cdrs through the cash assignment of local Station HQ's after the sanction of CFA had been obtained. Director Regional Centre ECHS was made the CFA in place of Stn Cdr after the "online" bill processing commenced vide Central Org ECHS letter at para 1 (b).

4. The payment will now be done by Stn HQ's as was done before commencement of online billing due to under mentioned reasons:

(i) RC's are situated at great distances to the ECHS beneficiaries than the Stn HQ's which causes inconvenience to the old and infirm ECHS beneficiaries.

(ii) No. of RCs is very less as compared to the No. of Stn HQs.

(iii) Stn HQ's are already processing the TA claims.

5. This office letter No B/49761/AG/ECHS/Policy dt 10 Sep 2013 is hereby cancelled.

(Vijay Anand)
Col
Dir (Med)
for MD ECHS

Copy to

UTHTSL

153/1, First Floor - for info

Old Madras Road

Malasuru, Bangalore-560008

CGDA - for info

(All Regional Centres)

Internal :

Ops & Coord

28 FO Sec. Claim Sec

Tele: 25683479

ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

07 Jul 2015

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
(_ _____)

All Regional Centres

ISSUE OF MEDICAL CERTIFICATE BY

ECHS POLYCLINICS

1. Refer Central Org ECHS letter No B/49701-PR/AG/ECHS/ dated 04 Aug 2004, vide which Medical Officers at ECHS Polyclinics were not authorised to issue medical certificates to ECHS beneficiaries.

2. Considering the inconvenience being faced by ECHS beneficiaries, it has been decided that the Medical Officers at ECHS Polyclinics are authorised to issue Medical Certificates to ECHS beneficiaries for following purposes:

   (a) Advising bed rest due to any illness.
   (b) Fitness certificate to resume duties after undergoing treatment.
   (c) Fitness certificate for joining any school/college/private job.
   (d) Fitness certificate for membership of swimming pool, Gym.

3. The ECHS Polyclinics will lay down the timings for issue of such certificates as it should not hamper the treatment to patients.

(MohanSingh)
Col
Offg Dir Med
for MD ECHS

Internal

Ops & Coord	-	you are requested to cancel your letter No. B/49701-PR/AG/ECHS * dated 04 Aug 2004.
P&FC	-	for info
S& A Sec	-	for uploading on ECHS website
C&L Sec	-	for info
Billing Sec	-	for info

Tele: 25683479
ASCON: 36833

CentralOrganisation, ECHS Adjutant General's Branch
Integrated Headquarters
Ministry of Defence(Army) Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

25 Aug 2015

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ ECHS)
HQ Eastern Command (A/ ECHS)
HQ Western Command (A/ ECHS)
HQ Central command (A/ ECHS)
HQ Northern Command (A/ ECHS)
HQ South Western Command (A/ ECHS)
HQ South Western Command (A/ ECHS)
HQ Andaman & Nicobar Command (A/ ECHS).
All Regional Centres

ADVISORY FOR EMPANELLED HOSPITALS: CHOICE OF COSTLIER IOLI

CORONARY STENTI ANY OTHER AUTHORISEDIMPLANT/ DEVICE/

| EQUIPMENT FORECHS BENEFICIARIES

1. Ref:

(a) Para 3 of Central Org ECHS letter No B/49773/AG/ECHS/Rates/Policy dt 26 Jul 13.

(b) This office letter No B/49773/AG/ECHS/Rates/Policy dt 25 Nov 2014 (fwd to all Regional Centres only).

(c) This office letter No B/49773/AG/ECHS/Rates d't 17 Dec 2014 (fwd to all Regional Centres only).

2. As per the letter under reference ECHS beneficiaries are permitted to get costlier IOL/Coronary Stents/ any other authorised Implant/ Device/Equipment after paying for the difference in cost over and above the laid down ceiling rates. A certificate to this effect duly signed by the ECHS beneficiary will be attached with the medical claim.

3. This office is receiving complaints from ECHS beneficiaries that in many cases, where the patient was in the operation theatre, his relatives empanelled hospitals to sign such certificate, who were not aware of the rules. All RCs are hereby instructed to apprise the empanelled hospitals in their AOR to refrain from such undesirable activities.

4. It has now been decided that all such certificate will be signed by the ECHS beneficiary i.e. the Ex- Serviceman only. However, if the ex-serviceman is unable to sign the form being unconscious incapacitated then his wife or children can sign the certificate with the condition that they will not ask for the reimbursement of the extra cost over and above the ceiling rates. A format of the certificate is attached as appx with this letter. All empanelled hospitals will use this format only with effect from 01 Sep 2015 and will be liable for deduction of the extra amount charged from the ECHS beneficiary or his next of kin if the policy is not followed.

5. All Regional Centres are advised to fwd a copy of this letter to all empanelled hospitals and take a feed back from them that the letter along with its appx has been received by them.

(Vijay Anand)
Col
Dir Med
for MD ECHS

Copy to :-

MoD (D/0 ESW)

DGAFMS-DG-3A

DGMS (Army)/DGMS-5(B).

DGMS (Navy)/Dir ECHS (Navy) DGMS (Air Force) (Med-7)

\- for info please.

Office of the CGDA Ulan Batar Road Palam, Delhi Cantt-10

UTHTSL
1533/1, Above Farico Show Room
1st Floor, Old Madras Road
Halasuru,Bangalore,
Karnataka-560008

\- forinfo.

Internal

Ops & Coord, P& FC, Claim Sec - for info.

Stats & Automation Sec - for uploading on ECHS website.

Appx to ref Central Org ECHS letter No

B/49773/AG/ECHS/Rates/Policy

Dt Aug 2015

CERTIFICATE BY EX-SERVICEMAN/NOK

1, No:_____ Rank: _____ Name: _____ holding

ECHS card No _____ / _____ (Relation with the card holder)

hereby certify that :

1. I have been fully briefed about the policy letter No B/49773/ECHS/Rates/Policy dated 25 Nov 2014 by the billing staff of the hospital and have fully understood them.

2. I hereby give my express and unconditional consent and I am willingly agreeing for the installation of *____ of higher value.

3. I undertake to make the payment of the difference in the amount between the high value (*) and the ceiling rate of the same which is approved by ECHS.

4. I undertake that I would not pursue the matter of reimbursement in any court of law or raise any issue or claims or like before in any court of law.

5. I have signed this undertaking in a sound and alert state of mind and after reading and

Signature with full address/ Tel

Signature of the billing Staff

Signature of Witnesses

1. _____

2. _____

* Cardiac Implant, Stent, Intra Ocular Lens etc. (Specify).

Ministry of Defence (Army) Maude
Lines, New Delhi-10

B/49761/AG/ECHS/Ruling 20 Mar 2017

Office of DGAFMS/DG-2 (Pig) 'M' Block,

Ministry of Defence New Delhi - 01

LOAN TRANSFER POLICY: NON EXPENDABLE ITEMS OF

MEDICAL AND DENTAL STORES ECHS

1. Pl refer your letter No. 34906/ECHS/Gen/DGAFMS/DG-2(Plg) dt 17 Nov 2016 & even no dated 17 Feb 2017.

2. All medical equipments for polyclinics are to be procured, maintained and repaired as per existing AFMS procedure by DGAFMS/AFMSD vide GOI letter No 24(3)/03/US(WE)/D(Res)(ii) para (16) to (20) dated 09 Sep 2003 (relevant extract attached).

3. RMASF 2010 para 573 has envisaged the loan transfer of medical equipments under power of various functionaries. There is no provision for transfer of a scaled item to any AFMS institution or to hold items in surplus at polyclinics. The provision also exists vide para 589 & 592 of RMSAF for disposal of med eqpts and stores rendered surplus to authorised holdings/surplus to requirement.

4. Vide GOI letter under reference Central Org issues a consolidated list of items/consignee's for medical equipment procurement and supply for polyclinics. O/o DGAFMS letter No 20069/ECHS/PV040212N/DGAFMS/DG.2S/Steam Sterilizer/TE ECHS 103/AT-1790 dated 29 Jul 2016 has authorised Central Org ECHS to transfer items to be supplied to polyclinics till the AT/SO is still under supply and the same auth has been use for transfer of dental chairs and other medical equipments.

5. The policy on the repair and maintenance procedure of med eqpt is as per the laid down procedure of service hospital, hence Central Org ECHS had disseminated the same policy to ECHS Polyclinics.

6. In view of the above no separate policy on the loan/permanent transfer of non expendable items of medical and dental stores from one ECHS Polyclinic to another is required to be issued by Central Org ECHS.There is only a need to reiterate the same to the line directorate's with a request that Central Organisation ECHS is informed where ever centrally procured medical or dental stores are transferred/loaned to other ECHS polyclinic.

(IVS Gahlot)
Col
Dir (Med)

Encls: As above

Central Org ECHS
AGs Branch
IHQof MoD(Army) Maude Line,
Delhi Cantt – 110010.

34906/ECHS/Gen/DGAFMS/DG-2(Pig) 7 Nov 2016

LOANTRANSFERPOLICY: NON-EXPENDABLE ITEMS

OF MEDICAL AND DENTAL STORES OF ECHS

1. A numbers of queries have been received at this Dte Gen regarding loan transfer of Non- Expendable items of medical and Dental stores from one ECHS Polyclinic to another.

2. It is pertinent to note that:

(a) There is no policy in vogue at present regarding transfer of Non Expendable items of Medical and Dental stores of ECHS, either on loan or on permanent transfer of such eqpt from one ECHS Polyclinic to another.

(b) As the administrative control of ECHS Polyclinics rests with Central Org ECHS, as also the eqpt and stores for ECHS Polyclinics are procured and distributed further to the user units, under the direction of Central Org ECHS, it is imperative that the policy on loan/transfer of egpt from one PC to another is also formulated as disseminated by Central Org ECHS.

3. It is also pertinent to note that "Policy on repair and maintenance of medical equipment held at ECHS Polyclinic" has been also issued by Central Org ECHS.

4. In view of the above, it is requested that a policy on loan/permanent transfer of Non Expendable items of medical and Dental stores from one ECHS Polyclinic to another may be forwarded and disseminated to the environment, with a copy endorsed to this Dte Gen for info and action by units under DGAFMS.

5. This has the approval of DGAFMS.

(Rishi Raj)Lt.

Col

Jt DirAFMS(DG-2A&D)

No. 24(3)/03/US(WE)/D(Res)(ii)
Government of India Ministry of Defence

New Delhi, the 9th Sep 2003

To,

The Chief of Army Staff

The Chief of Naval Staff

The Chief of Air Staff

Subject: **FINANCIALPROCEDURE FOR EX-SERVICEMEN**

CONTRIBUTORY HEALTHSCHEME ECHS)

Sir,

1. With reference to Govt. of India Ministry of Defence letter No. 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002, I am directed to convey the sanction of the President to the adoption of the Financial Procedure embodied in the Appendix to this letter in connection with the ex-servicemen Contributory Health Scheme (ECHS, with mediate effect.

2. A peripatetic check/review of the operation of these Financial Procedures for the ECHS at various ECHS Stations as well as the Central Organisation and Regional Centres will be carried out by DG DC&W in consultation with CGDA once in two years or as and when required and the findings of such check/review will be communicated to MOD and MOD (Finance)..

3. This issues withthe concurrence of Ministry of Defence (Finance) vide their U.O No. 984/PD dated 03.09.2003,

Yours faithfully

Sd/-XXX

(V.K. JAIN)

Under Secretary to the Govt. of India

Copy to: -

1. CGDA, New Delhi
2. SO to Defence Secretary

MEDICAL EQUIPMENT

16. Procedure - All medical equipment for the polyclinic as required will be procured by DGAFMS, AFMSDs. Demand for same will be projected to DGAFMS, AFMSD's as per current procedure of AFMS.

17. Financial powers-Existing financial powers will be utilized.

LOSS OR DAMAGE TO STORES

18. Procedures - In case of any loss or damage to stores, current procedures as followed in Defence Services will be followed.

REPAIR/MAINTENANCE AND ANNUAL CONTRACTS

19. Procedures:- The repair and maintenance procedure for medical equipment will be as per laid down procedures for Service Hospitals. The annual maintenance contracts when required will be carried out as per available powers with Commanding Officers of the affiliated Service Hospitals/ intermediary medical authorities at Formation Headquarters /DGAFMS. :

20. Financial powers - As per the existing delegations to Commanding Officers of Service Hospitals, AFMSDs (ATEO and TEO), EME workshops, DDs MS Area/Command and DGAFMS.

Karyalaya Maha Nideshak Sashastra
Sena Chikitsa Sewa 'M' Block, New
Delhi-110001

0069/ECHS/PV-040212-N/DGAFMS/DG. 2 Strategie

team Sterilizer/TE ECHS-103/AT-Aastaan contributors

29 July 2016

Central Organizaiion, ECHS

Adjutant General Branch

Integrated Headquarters

Ministry of Defence (Army)

Moude Line, Delhi Cantt-10

TRANSFEROF DENTAL CHAIR

Refer your letter No B/49761/AG/ECHS dated 15 July 2016.

It is submitted that vide this Dte Gen letter No 20069/ECHS/PV-040212 /DGAFMS/DG.2S/Steam Sterilizer/TE ECHS-103/AT-1790 dated 08 May 2014 approval was. ccorded for transfer of “Steam Sterilizer Table Top" to some other ECHS Polyclinics where the ?quired, desired facilities are existed. However, the Dental Chair procured against this Dte en SO No 17559/DGAFMS/DG- 2?Eqpt-1433/AT-49 dated 09 Mar 2016 for ECHS Polyclinic Surat as been transferred to ECHS Polyclinic Pali quoting this Dte Gen letter dated 08 May 2014 as je authority.

In view of the above, it is requested that consolidated details of such cases where the quipment is/was not required by ECHS Polyclinics or equipment transferred to a polyclinic ther than specified in the AT/SO be forwarded to this Dte Gen for further processing of the ise to issue an amendment to AT/SO. This is necessary to facilitate the contract holding firm ir installation of the equipment and subsequently claim payment from PCDA (HQs).

This has the approval of ADG (E&S).

Medahmini
(RC Sahni)
Col
Dir AFMS (Prov)
Kritey Maha Nideshak
Sashastra Sena Chikitsa Sewa

Copy to: -

SAFMS/DG.2F ..... for info.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49762/AG/ECHS/Policy

21 Jul 2017

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

ACCOUNTING OF ECHS FUNDS

1. SEMOs have been entrusted with the task of procuring & providing the medicines of ECHS Polyclinics wef Oct 2016 vide MoD letter No 19189/DGAFMS/DG-2C/ECHS dt 10 Oct 2016.

2. The following needs to be ensured for all the ECHS Polyclinics (Mil as well as Non Mil):

(a) Medicine Demand by Polyclinics. A BOO will be held every year which will work out month wise requirement of medicines of all Polyclinics separately factoring the previous expenditure pattern, seasonal fluctuation, peculiarities of geo-location, nature of dependencies

(b) Demand & Supply by SEMO. SEMO will ensure timely supply of medicines. Necessary vetting of demand can be done without adversely affecting the medicinal satisfactory state at ECHS beneficiary end. The following will be ensured :

(i) Copy of supply order being placed will be forwarded to concerned ECHS Polyclinic.

(ii) Effort will be made to provide the medicines in the weightages demand e.g. providing 2 x 5mg medicines in place of 1 x 10mg medicines (unless demanded due to need of subscription & dosage) results in additional financial burden.

(iii) Once medicines are being issued to the ECHS Polyclinics, cost at which these are procured will be endorsed in the issue voucher/copy of supply order by vendor(s) having cost will be given to ECHS Polyclinics who in turn will ensure judicious use of medicines,

3. If any medicine is likely to be expired in next four months, the details will be forwarded by OIC ECHS Polyclinics to SEMO who will ensure that the medicines are returned to the vendors for clean exchange three months before the expiry date.

4. Non forwarding the details of medicines to SEMO four months in advance of expiring date will make OIC Polyclinic & Pharmacists/Nursing Assts accountable for wastages while responsibility will shift to SEMO if the details have been forwarded. Procedural fine tuning can be done by SEMO concerned based on geographical dispersion and other related factors.

(IVSGahlot)
Col
Dir (Med)

Copy to :

DGAFMS-DG-3A	-	forissue of necessary instructions to all SEMOs to
DGMS (Army)/DGMS-5(B) (Navy)/Dir ECHS (Navy)		guide and monitoring demand, procurement and issue DGMS of medicines under their jurisdiction.
DGMS (Air Force) (Med-7)		
(_____)	-	for dissemination to all Polyclinics for strict compliance.
All Regional Centres		

Internal

Ops & Coord, Claim Sec	-	forinfo P & FC Sec, C&L Sec
Stats & Automation Sec	-	for uploading the letter on ECHS website.

Tele: 25683476
Mil:36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-110010

B/49762/AG/ECHS/Medicine Policy

29 Aug 17

IHQ of MOD(Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

IMPLEMENTATIONINSTRS:PROCEDURE FOR AUTHORISED LOCAL CHEMIST

1. Refer:

(a) GOI/MOD letter No 22D(01)/2016/ WE/D(Res-/) dated 22Aug 17 (copy att as Encl 1).

(b) GOI letter No 24(3)/03/US(WE)/D(Res)) dated 08 Sep 03 amended vide 25(01)/2014/US(WE)/D(Res) dated 04 Aug 14.

2. In all stations with ECHS polyclinics, local medical stores/ chemists will be empanelled for supply of Not Available, emergent, life saving and essential drugs on as required basis. The empanelment of local medical stores/chemists will be done by a Board of Officers constituted by the Station Commander which will comprise the following :

Chairman - SO ECHSI Col Rank officer detailed by Station Commander.

- Lt Col (Non Medical) detailed by Station Commander

- Jt Dir Hospital Services of Regional Centre concerned/ Medical Officer detailed by Station Commander

- Rep of LAO/ CDA

3. **Actions by the Board.**

(a) The Board of Officers will invite Tenders through advertisement in the local press and e- procurement portal from local medical stores/chemists for empanelment with ECHS Polyclinic. The tender enquiry will be based on same format as CGHS tender for Authorised Local Chemist with conditions suitably modified to suit local military requirements (CGHS tender format att as Encl 2).

(b) The Board will check the Technical parameters as per Tender Enquiry and will consider the price bids of only the technically qualified vendors. The Board will arrive at L1 Vendor based on maximum overall amount of discount on MRP for all the drugs to be supplied with a minimum QR of 15%. Bids offering less than 15% overall Discount will be rejected. The tenderers will quote an overall discount figure irrespective of the quantity or number of individual drugs.

(c) The Board will consider parallel rate contract with L2 and L3 vendors and include their names in recommendation if those vendors agree to the L1 rates in writing

(d) The Board of Officers will submit a recommended list of local medical stores/chemists to the Station Commander for approval.

4. **Actions by Station Cdrs**

(a) Constitute a Board of Officers for empanelment of local medical stores/chemists including CGHS authorised chemists. Due care is to be exercised in choice of Medical officer to avoid any conflict of interest. MOs/Spl posted to MH of SEMO concerned to be avoided and MO/ RMO of non medical units may preferably be detailed as JDHS of RC may be occupied in similar bds for other stns under AOR.

(b) Approval of recommended list of local medical stores/chemists submitted by the Board of Officers.

(c) All CGHS Authorised Chemists in the same city will be considered as deemed empanelled i.e. need not participate in TE if the rates planned to be quoted are same as given for CGHS. They will give their contract discount documents for CGHS to the board, but will sign the contract with Stn Cdr provided the discount offered by them to CGHS is not less than that offered by L1 vendor of the TE. They have option to participate in the empanelment process and offer fresh quotes discounts at the TE Stage.

(d) The Contract will be signed with the approved local medical stores/chemists by Stn HQrs for a period of two years. The terms and conditions of Contract will be based on CGHS formats.

(e) The Officer in charge Polyclinic will after due verification authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQrs.

(f) Stn Cdr will process the same for releasing payment with sanction of appropriate CFA.

(g) **Payment:** The payments on account of procurement of drugs and consumables from empanelled local chemists will be made from the cash assignments placed at the disposal of Station Commanders under Major Head 2076 Minor Head 107 Head 363/01. The payments will be effected by cheque/ electronic payment.

(h) Delegated financial powers as per Para 1 of Appendix to GOI letter No 24(3)/03/US(WE)/D(Res) (i) dated 08 Sep 03 amended vide 25(01)/2014/US(WE)/D(Res) dated 04 Aug 14 will be exercised by CFA. The delegated powers are enumerated in table below:

CFA (Station Commander)	**Financial Limit (without consultation)**	**Fin Limits with IFA consultation**
Lt Col/ Col	**Upto 1,00,000**	**-**
Brig	**Upto 2,00.000**	**-**
Maj Gen (Sub Area Commander/ COS Area HQ)	**Upto 3,00,000**	**-**
Dy MD ECHS	**-**	**Upto 5,00,000**
MD ECHS	**-**	**Upto 10,00,000**
JS ESWT	**-**	**Upto 25,00,000**
Secy ESW	**-**	**Above 25,00,000**

(j) The monetary ceilings for expenditure irrespective of their Military or Non Military status are as follows:
Type A & B Polyclinic : Rs 2.5 Lakh per month Type C

Polyclinic : Rs 1.5 Lakh per month Type D Polyclinic :

Rs 01 Lakh per month

Prior approval of MD ECHS will be required for any expenditure above this limit.

(k) The expenditure on account of local purchase of drugs and consumables from empanelled local medical stores/chemists will be monitored separately under the relevant revenue head.

(L) The records of polyclinic will be checked by a Boards of Officers detailed by the Station Commander.

5. Actions by Polyclinic : When an emergent/life saving/essential drug prescribed by the Medical Officer in the ECHS Polyclinic is not available as confirmed from the stock Cithandel s zavaliniai rantiramont of the came is essential for a patient following procedure will be followed!

(a) The Officer in charge Polyclinic will raise a demand to the empanelled local medical store/chemist. The demand will be supported by prescription(s) signed by the Medical Officer managing the case.

(b) On receipt of the demand the empanelled local medical store/chemist will supply the required drug to the Polyclinic within 24 hrs.

(c) The Bills for the drugs supplied will be forwarded by the empanelled local medical store/chemists monthly to the Officer in charge Polyclinic along with a copy of the demand raised by the Polyclinic.

(d) The Officer in charge Polyclinic will, after due verification, authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQs.

(e) The Officer in charge Polyclinic will also certify on the consolidated bill that drugs demanded are emergent/life saving/essential drugs and are Not Available in the polyclinic medical stores neither a substitute/ equivalent drug was available.

(f) Stn Cdr will process the same for releasing payment with sanction of appropriate CFA.

(g) The list of drugs and consumables indented from local chemists along with quantity indented will be included in the next Emergent/ Normal polyclinic indent to SEMO.

(h) Monthly list of such drugs will be forwarded to SEMO for initiating procurement action by SEMO while forwarding the next demand.

(j) The Polyclinics will maintain a separate account for all purchases of this nature. All daily

transactions will be maintained and particulars of patients who are issued the essential medicines will be recorded. The records will be checked by a Boards of Officers detailed by the Station Commander, and will be audited by Local Audit Officer (LAO) every quarter.

6. Funds required will be placed at the disposal of Station Commanders by Central Organisation ECHS. Due control shall be exercised by MOs/Spl/ OIC Polyclinics and Stn Cdrs to ensure that the monthly limit is available to maximum patients and is not exhausted in procuring medicines for a few patients. Existing provisions for reimbursement of costlier medicines for the diseases specified in Para 6 of GOI/MOD letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 03 for a period of 23/30 days may also be explored to benefit maximum number of veterans.

7. **Special Instructions to MOs/ Spls of Polyclinics and Empanelled Hospitals**.

(a) The demand for NA medicines will be supported by prescription signed by the Medical Officer/ Spl of ECHS polyclinic managing the case. In all such cases, the Medical Officer / Spl will ensure that there are no other substitutes available in the Polyclinic medical store in lieu of the drug required. Branded drug will be prescribed with due medical justification only. Demands will not be signed by Para Medical/Dental Staff under only circumstances.

(b) As specified in MCI Ethics Rules, pharmacy of a polyclinic is not an open pharmacy but is meant as self dispensing of medicines prescribed by Medical Officers/ Doctors of polyclinic only.

All other prescriptions issued by other consultants shall be rewritten by polyclinic doctor keeping in mind availability. patient's condition and other drugs prescribed.

(c) Prescription of branded medicine by empanelled hospitals will have to be justified by treating Doctor and should be avoided as per National Policy. The AFV should also not insist on particular brand name of medicine if an equivalent is available in Polyclinic or supplied by Empanelled Local Chemists.

(IVSGahlot)
Col
Dir (Med)
for MD ECHS

Encl: As above.

Copy to:

US(WE)

PS to JS ESW

PPS to Secy (ESW)

CGDA, New Delhi	-	for dissemination to all concerned CDAs/ PCDAs.

UTHTSL

1533/1, Above Farico Show Room	-	forinfo and necessary action pl. 1st
Floor, Old Madras Road		
Halasuru,Bangalore,		
Karnataka-560008		

Internal

Ops & Coord, P&FC, Claim Sec	-	for info
Stats & Automation Sec	-	foruploading in ECHS Website.

No. 22D(01)/2016/WE/D(Res-1)

GovernmentofIndia

Ministry of Defence

To,

New Delhi, the 22nd August, 2017

The Chief of Amy Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : Modification of Procedure for procurement of Drugs and consumables for Ex-servicemen Contributory Health Scheme (ECHS)

Sir,

1. There have representations from the veterans regarding supply of medicines. DGAFMS has undertaken a series of modifications to procedures of procurement of medicines for ECHS beneficiaries. Meetings have been held with all the stakeholders and with due deliberations it has been decided to adopt a procedure in line with Authorised Local Chemist model of CGHS for procurement of medicines through the Empanelled local chemists

2. With reference to Govt of India, Ministry of Defence letter No 24(10)/ 03/US(WE) D(Res) dated 25th November, 2003. I am directed to convey the sanction of the Government on the Modification of Paras 17 to 25 and addition of Para 26 regarding Local "Purchase of Emergent, Life saving and Essential and Not Available drugs for ECHS as under: -

For Para 17 to 25: Existing

Read

17. In all stations with ECHS polyclinics, local medical stores/ chemists will be empanelled for supply of Not Available, emergent, life saving and essential drugs on as required basis.

18. The empanelment of local medical stores/chemists will be done by a Board of Officers constituted by the Station Commander which will comprise:

Chairman	-	SO ECHS/ Col Rank officer detailed by Station Commander.
Members	-	Lt Col (Non Medical) detailed by Station Commander
	-	Jt Dir Hospital Services of Regional Centre concerned/ Medical Officer detailed by Station Commander
	-	Rep of IFA/PCDA / CDA

19. The Board of Officers will invite Tenders through advertisement in the local press and e-procurement portal from local medical stores/chemists for empanelment with-ECHS Polyclinic. The Board will check the Technical parameters as per Tender Enquiry. The Board will arrive at L1 Vendor based on maximum overall amount of discount on MRP for all the drugs to be supplied with a minimum QR of 15%. The tenderers will quote an overall discount figure irrespective of the quantity or number of individual drugs. The Board will consider parallel rate contract with L2 and L3 vendors and include their names in recommendation is those vendors agree to the L1 rates. The Board of Officers will submit a recommended list of local medical stores/chemists to the Station Commander for approval. The Contract will be signed with the approved local medical stores/chemists by Stn Hors for a period of two years. The detailed terms and conditions, formats of Tender Enquiry and Contract will be based on CGHS TE and contract of Authrosied Local Chemists. All CGHS Authrosied Chemists in the same city will be considered as deemed empanelled i.e need not participate in TE but sign the contract with Stn Cdr.

20. When an drug prescribed by the Medical Officer in the ECHS Polyclinic is 'not available' as confirmed from the stock in the medical store of polyclinic, the Officer in charge Polyclinic will raise a demand to the empanelled local medical store/chemist. The demand will be supported by prescription signed by the Medical Officer managing the case. In all such cases, the Medical Officer will ensure that there are no other substitutes available in the Polyclinic medical store in lieu of the - drug required. Branded drug will be prescribed with due medical justification only. On receipt of the demand, the empanelled local medical store chemist will supply the required drug to the Polyclinic. The indents will be preferably raised online to the empanelled local chemists and timelines as per CGHS contracts will be followed.

21. The Bills for the drugs supplied will be forwarded by the empanelled local medical store/chemists monthly to the Officer in charge Polyclinic along with a copy of the demand raised by the Polyclinic. The Officer in charge Polyclinic will after due verification authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQrs who will process the same for releasing payment with sanction of Station Commander/ appropriate CFA.

22. The payments on account of procurement of drugs and consumables from empanelled local chemists will be made from the cash assignments placed at the disposal of Station Commanders and in exercise of delegated financial powers vide para 1 of Appendix to GOL.letter No 24(3)/03/US(

WE)/D(Res)0) dated 08 Sep US relating to payments and reimbursements for medical expenses. Funds required will be placed at the disposal of Station Commanders by Central Org ECHS. The payments will be effected by cheque/electronic payment.

23. The monetary ceiling for expenditure are enhanced as follows:

Type A & B Polyclinics	:	Rs 2.5 lakh per month Type
C Polyclinic	:	Rs 1.5 lakh per month
Type D Polyclinic	:	Rs 1 lakh per month

Any expenditure above this limit will be approved by CO ECHS. The CO ECHS may re-appropriate the

24. The list of drugs and consumables indented from local chemists alongwith quantity indented will be included in the polyclinic indent to SEMO when due. Monthly list of such drugs will be forwarded to SEMO for initiating procurement action by SEMO As specified in MCI Ethics Rules, pharmacy of a polyclinic is not an open pharmacy but is meant as self dispensing of medicines prescribed by Medical Officers/ Doctors of polyclinic only. All other prescriptions issued by other consultants shall be rewritten by polyclinic doctor keeping in mind availability, patient's condition and other drugs prescribed.

25. The expenditure on account of local purchase of drugs and consumables from empanelled local medical stores/chemists will be monitored separately under the relevant revenue head

26. The Polyclinics will maintain a separate account for all purchases of this nature. All daily transactions will be maintained and particulars of patients who are issued the essential medicines will be recorded. The records will be checked by a Boards of Officers detailed by the Station Commander, and will be audited by Local Audit Officer (LAO) every quarter.

4. Rest of the letter no change. The modification will be effective from the date of - issue of instructions by CO ECHS.

5. 'Not Available' drugs mentioned in para 15 pertain to stock position in Service Hospitals and will not be applicable to 'Not Available' drugs in Para 17 and para 20 as it pertainis to state at Polyclinics.

6. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O. No. 10(3y/2016/FIN/Pen dated 3.8.17

Yours faithfully
(AK Karn)
Under Secretary to the Govt. of India

Copy to:-

1. CGDA, New Delhi
2. DGADS, New Delhi
3. SO to Defence Secretary /PPS to Secretary, ESW
4. PPS to Secretary (Defence/Finance)
5. PPS to AS (Acquisition)
6. P.PS to AS (T)/ PPS to AS (1)
7. Addi FA (RK) & JS
8. JS (ESW) / JS (O/N)
9. Dir (Finance/AG)
10. Defence (Finance/AG/PD)
11. DFA (BYDFA (N)/DFA (Air Force)

12: AFA (B-1)

13. D (Works) / D (Mov) / D (Med)
14. O&M Unit

Also to:-

15. DGAFMS
16. DGDE, NewDelhi
17. UDGD C&W
18. OMG
19. DGMS
20. DGMS(Air)

22. AOA
23. COP
24. MD Central Org ECHS
25. ADG C&W
26. DG (Works), E-in-C Branch
27. ADG (FP)
28. All Command Headquarters
29. AG Branch / CW-3
30. Navy Headquarters (PS Die)
31. Air Headquarters (PS & R)
32. CGHS Nirman Bhawan, : For issuing suitable instructions to ALC

Copies signed in ink :

33. PCDA (Army), Bangalore
34. PCDA (WC), Chandigarh
35. CDA (Army), Patna
36. PCDA (SC), Pune
37. CDA (Army), Meerut
38. PCDA (NC), Jammu
39. PCDA (Officers), Pune
40. PCDA (Navy), Bombay
41. PCDA (AF), Dehradun
42. CDA (Army), Jabalpur
43. CDA(Army), Secunderabad44:

PCDA (Army), Lucknow

45. CDA (Army), Chennai
46. CDA (Army), Kolkata
47. CDA (Army), Guwahati

GOVERNMENT OF INDIA MINISTRY OF HEALTH

& FAMILY WELFARE

DIRECTORATE GENERAL OF CENTRAL GOVERNMENT HEALTH SCHEME E-TENDER NOTICE

Open Tender Notice No. F. No. 55-05/2015-16/CGHS/MSD/ALC

Tender No. 51/2015-16

EMPANELMENT OF CHEMISTS FOR 49 CGHS WELLNESS CENTRES IN DELHI /NCR FOR THE PERIOD 2016-17

Applications are invited from reputed Local Chemists in 49 CGHS Wellness Centers in Delhi/NCR for empanelment for supply of medicines to the Central Government Health Scheme, Ministry of Health & Family Welfare, Government of India. Bidders are advised to refer to the tender published against each Wellness Centre that is provided at Annexure -'D'. Bidders are advised to participate online at "https://cprocure.gov.in/procure/app corresponding to the tender of Wellness Centers where interested. The e tender for each of the 49 CGHS Wellness Centers will be a separate tender. The bidder will have to upload required documents & Bids for each of the Wellness Centers separately for which she wishes to apply.

The tender notice can be downloaded from the Website https://cprocuire.gov.in/eprocure/app or http://msotransparent.nic.in/cghsnew/index.asp of the Ministry of Health and Family Welfare.

Eligibility Criteria:

1. The chemist must hold valid licenses as on the date of submission of Bid (continuously, for last two years 2014 15 & 2015-16) in specified forms (Form 20, 20-B, 21, 21-B and 21-C) issued by the Drug Control Authority of the State under the provisions of Drugs and Cosmetics Act, 1940. The successful Bidder will further ensure that their licenses remain valid on the date of bid opening and till the end of the contract period.

2. The chemist must not have been convicted by the State drugs authorities and no case should be pending under the Drugs and Cosmetics Act and Rules.

3. The Annual Turnover of the bidder (from CGHS & sources other than CGHS) in the previous two financial years should not be less than Rs. Sixty Lakh. The bidder has to submit an Audited Balance Sheet with Profit and Loss statement of the previous two years (2013-14 & 2014-15) in support thereof. The turnover from outside CGHS should not be less than Rs. Thirty Lakh in each of these two financial years 2012-13 & 2013-14.

4. The chemist shop should be situated within the CGHS covered area of the Zone.

5. Latest VAT paid Challar with no dues (VAT clearance) should be available with the bidder.

6. A copy of PAN allotted to the firm/owner.

7. Enquiries will be entertained before & in the pre-bid conference only. Clarification, if any, will be issued in respect of those clauses only where changes are made, online at

'https://eprocure.gov.in/eprocure/app'. No individual correspondence will be made/entertained

Addl. Director, CGHS
(HQ)

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

DIRECTORATE GENERAL OF CENTRAL GOVERNMENT HEALTH SCHEME

Open Tender Notice No. F. No. 55-05/2015-16/CGHS/MSD/ALG

E-TENDER DOCUMENT

FOR

EMPANELMENT OF AUTHORIZED LOCAL CHEMISTS (ALGS FOR 49 CGHS WELLNESS CENTERS IN DELHI/NCR FOR THE PERIOD 2016-17

The Central Government Health Scheme (CGHS) is providing comprehensive medical care facilities to the Central Government employees and pensioners and certain other categories of persons covered under the Scheme. As part of this Scheme, the beneficiaries are entitled to medical consultation and supply of medicines and drugs from the CGHS Wellness Centers. CGHS aspires to ensure timely supply of medicines/drugs to its beneficiaries. With this objective, the Additional Director CGHS (HQ), Central Government Health Scheme, Delhi for and on behalf of the President of India, invites tenders from the eligible local chemists for supply of medicines/drugs to the CGHS Wellness Centers in Delhi/NCR through e-tender. The list of the Wellness Centers is at Annexure-D.

Scope of Work	**EMPANELMENT OF AUTHORISED LOCAL CHEMISTS (ALCS) FOR 49 CGHS WELLNESS CENTRES IN DELHI/NCR**
EMD: -	To be submitted Rs. 100000/- (Rs. One Lakh only) for each Wellness Centre, in the form of DD/Pay Order

Interested parties may view and download the tender document containing the detailed terms & conditions, free of cost from the website

http://eprocure.gov.in/eprocure/app

CRITICALDATE SHEET

Tender No. and File No.	**51 and 55 05-/2015-16/CGHS/MSD/ALC**
Name of Organisation	CENTRALGOVT HEALTH SCHEME
Date of issue/Publishing	12/04/2016 (17.00 Hrs)
Document Download Start Date	13/04/2016 (11.00 Hrs)
Clarification Start Date	13/04/2016 (14.00 Hrs)
Datefor Pre-Bid Conference	19/04/2016 (15.00 Hrs)
Clarification End Date	19/04/2016 (17.00 H rs)
Venue of Pre-Bid Conference	Office of the Additional Director CGHS, (Medical Store Depot), Udyan Marg, Gole Market, New Delhi
Bid Submission start date	20/04/2016 (10.00 Hrs)
Last Date and Time for Uploading of Bids	05/05/2016 (17.30 Hrs)
Dateand Time of Opening of Technical Bids	06/05/2016 (11.00 Hrs)
Address for Communication	Office of the Additional Director CGHS, Medical Store Depot, DIZ Area, Sec.-II, Udyan Marg, Gole Market, New Delhi-110001. Website: http://eprocure.gov.in/eprocure/app

INSTRUCTIONS TO THE BIDDERS

Instructions for Online Bid Submission:

As per the directives of Department of Expenditure, this tender document has been published on the Central Public Procurement Portal (URL: https://eprocure.gov.in/eprocure/app). The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance with the requirements and submitting their bids online on the CPP Portal. More information useful for submitting online bids on the CPP Portal may be obtained at: https://eprocure.gov.in/eprocure/app

1) Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal (URL: https://eprocure.gov.in/eprocure/app) by clicking on the link "Online Bidder Enrollment". Enrolment on the CPP Portal is free of charge.

2) As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.

3) Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.

4) Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class II or Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / TCS/n Code / eMudhra etc.), with their profile.

5) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSCs to others which may lead to misuse.

6) Bidder then logs in to the site through the secured log-in by entering their user ID / password and the password of the DSC / eToken.

SEARCHINGFOR TENDER DOCUMENTS

1) There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, Organisation name, location, date, value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as Organisation name, form of contract, location, date, other keywords etc. to search for a ender published on the CPP Portal.
2) Once the bidders have selected the tenders they are interested in, they may download the required documents / tender schedules. These tenders can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS / e-mail in case there is any corrigendum issued to he tender document.
3) The bidder should make a note of the unique Tender ID assigned to each tender, in case they want to obtain ny clarification / help from the Helpdesk. 5

PREPARATIONOF BIDS

1) Bidder should take into account any corrigendum published on the tender document before submitting their bids.

2) Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.

3) Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document / schedule and generally, they can be in PDF / XLS / RAR/DWF formats. Bid documents may be scanned with 100 dpi with black and white option.

4) To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use "My Space" area available to them to upload such documents. These documents may be directly submitted from the "My Space" area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.

SUBMISSIONOF BIDS

1) Bidder should log into the site well in advance for bid submission so that he/she upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.

2) The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document.

3) Bidder has to select the payment option as "offline" to pay the tender fee / EMD as applicable and enter details of the instrument.

4) The bidder shall seal the original Bank Draft/Pay order /Bank Guarantee as per Annexure EMD in an envelope. The Bidder shall mark its name and tender reference number on the back of the Bank Draft/ Pay order before sealing the same. The address of NIC, name and address of the bidder and the Tender Reference Number shall be marked on the envelope. The envelope shall also be marked with a Sentence "NOT TO BE OPENED BEFORE the Date and Time of Bid Opening". If the envelope is not marked as specified above, NIC will not assume any responsibility for its misplacement, pre-mature opening etc. In case EMD is sent through Speed Post and it must reach <Tender Inviting Authority> as per date and time mentioned above in the name of <Tender Inviting Authority>. EMD not meeting above deadlines will not be accepted and their uploaded bid will be rejected.

5) A standard BoQ format has been provided with the tender document to be filled by all the bidders. Bidders are requested to note that they should necessarily submit their financial bids in the format 6

provided and no other format is acceptable. Bidders are required to download the BoQ file, open it and complete the white coloured (unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.

6) The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.

7) All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128 bit encryption technology. Data storage encryption of sensitive fields is done.

8) The uploaded tender documents become readable only after the tender opening by the authorized bid openers.

9) Upon the successful and timely submission of bids, the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.

10) The bid summary has to be printed and kept as an acknowledgement of the submission of the bid. This acknowledgement may be used as an entry pass for any bid opening meetings.

ASSISTANCE TO BIDDERS

1) Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the <Tender Inviting Authority> for a tender or the relevant contact person indicated in the tender.

2) Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk. The contact number for the helpdesk is 1800-3070- 2232

SECTION - 1

1. SCOPE OF WORK

2. ELIGIBILITY

2.1 The chemist shop should be in existence continuously for at least last two years. (copy of licenses held for last two years are to be scanned and uploaded on the e-tender module).

2.2 The chemist shop should be situated within the CGHS covered area of the Zone.

2.3 The Annual Turnover of the bidder should not be less than Rupees Sixty Lakh. At least Thirty Lakh of the turnover in each of the last two years should be from outside CGHS. The bidder has to submit an Audited Balance Sheet with Profit and Loss statement and Balance sheet of the previous two years in support thereof.

2.4 The chemist must hold a valid license continuously for last two years 2014-15 & 2015-16 issued by Drug Controller Authority of the State for running the chemist shop namely Form 20, 20-B, 21, 21- B & 21- C, under the Provisions of Drugs and Cosmetics Act 1940 and subsequent amendments as on the date of submission of Bid and also on the date of Bid opening. The successful Bidder will further ensure that their licenses remain valid till the end of the contract period. (All the relevant documents have to be scanned and uploaded onto the e-procurement module while submitting the tender).

2.5 The chemist must not have been convicted by the State drugs authorities and no case should be pending under the Drugs and Cosmetics Act and Rules against him and he should submit 'Non Conviction Certificate' from the State Drug Controller.

2.6 A copy of the latest VAT deposit Challan with no dues should be available. A copy of the same to be scanned and uploaded with the Bid Documents.

2.7 **All documents should be submitted online only.**

2.8 The chemist shop should be situated within the CGHS covered area of the Zone.

2.9 The Annual Turnover of the bidder should not be less than Rupees Sixty Lakh. At least Thirty Lakh of the turnover in each of the last two years should be from outside CGHS. The bidder has to submit an Audited Balance Sheet with Profit and Loss statement and Balance sheet of the previous two years in support thereof.

2.10 The chemist must hold a valid license continuously for last two years 2014-15 & 2015-16 issued by Drug Controller Authority of the State for running the chemist shop namely Form 20, 20-B, 21, 21- B & 21- C, under the Provisions of Drugs and Cosmetics Act 1940 and subsequent amendments as on the date of submission of Bid and also on the date of Bid opening. The successful Bidder will further ensure that their licenses remain valid till the end of the contract period. (All the relevant documents have to be scanned and uploaded onto the e-procurement module while submitting the tender).

2.11 The chemist must not have been convicted by the State drugs authorities and no case should be pending under the Drugs and Cosmetics Act and Rules against him and he should submit 'Non Conviction Certificate' from the State Drug Controller.

2.12 A copy of the latest VAT deposit Challan with no dues should be available. A copy of the same to be scanned and uploaded with the Bid Documents.

2.13 **All documents should be submitted online only.**

3. COST OF BIDDING

Prospective bidder Chemist shall bear all the costs associated with the preparation and submission of the e- bid. CGHS in no case will be responsible or liable for these costs regardless of conduct or outcome of the Tender process.

4. PRE BIDMEETING

4.1 A pre-bid meeting open to all prospective bidders will be held as per CRITICAL DATE SHEET in the office of the Additional Director CGHS, Medical Store Depot, Delhi wherein the prospective bidders will have an opportunity to obtain further information and clarifications regarding work and the tender terms & conditions.

4.2 The prospective bidders are free to ask for any additional information and seek clarifications concerning the work either in writing or orally. The clarifications given shall be common and applicable to all. No individual correspondence shall be entertained by CGHS thereafter with the prospective bidders/their representatives.

Availability of Tender

The tender document is available at CPPP e-procurement site i.e.

http://eprocure.gov.in/eprocure/app

Prospective bidders desirous of participating in this tender may view and download the tender document free of cost from the above mentioned website.

5. BIDDING PROCEDURE, SIGNING AND SUBMISSION OF BIDS

5.01 The bidder must submit his e-bid in two parts as mentioned below:

Part 1:- Called "Technical Bid" containing:-

(A) Earnest Money: -

The bidders are required to submit an EMD of Rs. 1,00,000/- (Rupees One Lakh only) separately for each Wellness Centre through a Demand Draft payable in the name of "Pay and Accounts Officer, CGHS, New Rajinder Nagar, New Delhi" as Earnest Money. The bidders can apply to bid for any number of Wellness Centers & one EMD per WC will be required per bidder. The demand draft must be issued by a Scheduled Bank. EMD as Demand Draft in Original should be sent to the O/o Additional Director CGHS, Delhi, to be deposited by hand well before the last date and time of bid submission. The Bid of those Bidders will not be opened where the EMD is not received physically as stated above.

(B) **Documents establishing Bidders eligibility (Technical Bid):**

The following documents should first be self attested by the authorized signatory of the bidder and then should be scanned and uploaded while submitting the E- tender as mentioned below.

a) Scanned copy of EMD/ Demand Draft for Rs. 1,00,000/-(Rupees one Lac only) separately for each Wellness Center. The Bidder will also upload ECS Mandate Form with details of bank address, Account No. etc & a copy of the cancelled Cheque for refund of EMDS.

b) Duly attested copy each of the valid Drug Licenses for the last two financial years 2013-14 &

2014-15 and each of valid license held by the bidder as on the date of submission of Bid in specified forms (Form 20, 20-B, 21, 21-B and 21-C) issued by the Drug Control Authority of the State under the provisions of Drugs and Cosmetics Act, 1940. The successful Bidders will ensure that their licenses remain valid on the date of bid opening and till the end of the contract period.

c) Scanned copy of Declaration of bidder as per Annexure - C duly signed.

d) Copy of the relevant deeds e.g. Proprietorship/ Partnership Deed or as per clause 5.02 (b) i, ii, iii, of the tender document.

e) Photocopy of latest VAT Deposit Challan with no dues.

f) Non conviction certificate from State Drugs Controller. g) Scanned copies of the audited balance sheets for the last two financial years 2012-13 & 2013-14 to establish the turnover of the bidder.

h) Proof of purchase of bar code scanning and labeling facility including bar code reader and label maker by the bidder.

i) Scanned copy of PAN Card of Proprietor or the firm as the case may be & ITRs for the last two financial years 2012-13 & 2013-14.

j) An undertaking on the letter head of the Firm/Company to the effect that "The Bidder has gone through all the Terms & Conditions of the Tender document & the same are acceptable to the Tenderer". Scanned

copy of the undertaking to be signed by the authorized signatory.

k) Copy of affidavit stating that the contract of the bidder, if empanelled earlier, was not terminated by CGHS in the preceding three years.

All pages should be numbered in the same order as above and the check list for above documents showing page no. should be uploaded along with the documents.

Part 2:- Called "Commercial Bid" which shall contain:

(A) Main Price Bid to be uploaded in (.xls Form) as provided in the tender.

NB: Bids quoting less than 15% discount on MRP (inclusive of all taxes) shall not be considered. 5.02 (a) The Bid is liable to be rejected, if the requisite information / documents have not been

furnished as asked for in **Clause - 5.01 (B).**

b. Individual signing the Bid and other documents must specify whether s/he signs as:

I. A sole proprietor of the firm, or constituted attorney of such proprietor.

II. A partner of the firm, if it is a partnership firm and in this case he must have a clear legal authority to sign, answer and admit to refer disputes to arbitration.

III. Constituted Attorney/Authorized Signatory; if it is a company.

Note: -

1. In case of (ii) above a copy of the Partnership Deed, General Power of Attorney, duly attested by a notary public and an affidavit to the effect that all the partners admit execution of the

partnership and the General Power of Attorney be uploaded.

2. In case of partnership firm, where no authority to refer disputes concerning the business or the

partnership has been conferred on any such partner, the Bid and all other related documents must be signed by every partner of the firm.

A person signing the Bid form or any documents forming part of the bid on behalf of another, shall be deemed under warranty that he has authority to bind with his acts such other person. If on enquiry, it appears that the person so signing has no authority to do so, CGHS, without prejudice to other civil and Criminal remedies can cancel the contract and hold the signatory responsible for all costs and conveyances arising there from.

5.03 PERIODOFVALIDITY OF BIDS

The Bids shall be valid for acceptance for 90 days after the date of bid opening prescribed by the CGHS and shall be further extendable by another 30 days at the request of CGHS.

5.04 PERIOD OF CONTRACT

The contract shall initially be for a period of one year from the date of the signing of contract. However, the contract is extendable for another year on the same terms & conditions of contract, strictly on the basis of satisfactory performance, at the sole discretion of Additional Director CGHS (Medical Store Depot), Delhi.

5.05 RIGHT TO ACCEPT/REJECT ANY BID

The Additional Director CGHS (HQ), Delhi reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids at any time without thereby incurring any liability to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the CGHS' action.

The Additional Director CGHS (HQ), Delhi doesn't pledge himself to accept the highest discount offering Bid or any Bid and reserves to himself the right of accepting the whole or any part of the Bid and Bidder shall supply the medicines at the rates quoted.

5.06 PERFORMANCESECURITY GUARANTEE

The successful bidder will have to furnish a Performance Security for an amount equivalent to 5% of the expected business (in respect of each Wellness Centre to be allotted to him in the form of either a Bank Guarantee, valid for 6 months beyond the term of the contract, issued by a scheduled bank as per format at Annexure - A or a Demand Draft issued by a Scheduled Bank. If by Demand Draft, it should be favoring "Pay and Account Officer, CGHS, New Delhi"; and, if in the form of a bank guarantee, favoring "**Additional Director CGHS (Medical Store Depot),**

Delhi". No claim shall be made against Government of India / Additional Director CGHS (HQ/MSD), Delhi in respect of interest accrued, if any, due on the Performance Security deposit.

In case of extension of contract for another year the Performance Guarantee should be renewed to ensure that it remains valid up to six months beyond the validity of the extended contract period. Bidder should ensure validity of Performance Security for extended period.

5.07 CORRUPTORFRAUDULENT PRACTICES

CGHS requires that the Bidders observe the highest standards of ethics and conduct during the tender process and afterwards during the execution of such contract.

(ii) In pursuance of this policy, the terms and conditions are set forth as follows:

a) "corrupt practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official in the tender process or in the process of execution of contract; and

b) "Fraudulent practice" means misrepresentation or concealment of any material facts in order to influence the tender process or execution of a contract to the detriment of CGHS, and includes collusive practice among Bidder (prior to or after bid submission) designed to establish bid prices at artificial non- competitive levels and to deprive CGHS of the benefits of free and fair competition;

(iii) CGHS will reject a proposal for award of contract, if it determines that the bidder recommended for award has engaged himself in corrupt or fraudulent practices while competing for the contract in question;

(iv) CGHS will declare a firm ineligible, either indefinitely or for a specified period of time, for award of the contract if at any time it determines that the firm was engaged in corrupt and fraudulent practices while competing for or in executing the contract.

Any concealment of fact like blacklisting or non-performance in earlier contract will make the Bid inadmissible.

5.08 FORFEITURE

The Earnest Money may be forfeited if a Bidder withdraws its tender during the period of bid validity or in case of a successful Bidder, if the Bidder fails:

i. To sign the contract in accordance with the terms and conditions, and

ii. To furnish Performance Security as specified in the terms and conditions.

6. SUBMISSIONOF BIDS

The Bidders will submit all the Bid documents online using Central public procurement portal only.

6.1 Online bids (complete in all respect) must be uploaded on http://eprocure.gov.in/eprocure/app

6.2 In case, the day of bid submission/opening is declared Holiday by Govt. of India, the next working day will be treated as day for submission/opening of bids. There will be no change in the timings.

6.3 Bids NOT submitted as per the specified format and nomenclature will be out rightly rejected

6.4 Conditional/Ambiguous bids will be out rightly rejected.

6.5. The offers submitted by telegram/ fax/ E-mail etc. shall NOT be considered. No correspondence will be entertained on this matter.

7. PRICING

The bidder should quote uniform discount in percentage terms on the Maximum Retail Price (MRP) (inclusive of all taxes) printed on the strip/ Bottle/ unit packed, in respect of all items of supplies to be made under the Contract. The quoted offer of Discount shall be on the MRP inclusive of all taxes and shall remain firm and fixed for the entire duration of the contract.

8. INSPECTIONOF BIDDERS PREMISES

If the Technical Bid on the basis of the documents mentioned in this section appears to be in fulfillment of eligibility, the premises of bidders will be inspected by a team of authorized officers of CGHS Delhi for:

(a) Physical verification of location of the retail shop within the limits of CGHS covered area of the Zone for which the bid has been submitted.

(b) Verification of original documents of those uploaded earlier during the bid.

(c) Availability of proper cold-chain maintenance facilities and power back up systems.

(d) Assess availability of adequate stock of medicines and financial viability etc before opening the Commercial Bid.

(f) Bar code scanning and labeling facility including bar code reader and label maker and software

In case, the team is not satisfied with the veracity of the claims of the bidder, he will be declared ineligible for participation in the further processes and his Commercial Bid will not be opened.

9. OPENINGOF BIDS

Bids shall be opened online through the e-tender portal http://www.eprocure.gov.in/eprocure/apo

9.3 Financial bids of only those bidders, whose bids found technically qualified, by the Technical/Financial Evaluation Committee, will be opened subsequently for further evaluation.

10. MISCELLANEOUS: -

10.1 The Additional Director CGHS (MSD) reserves the right to enter into parallel contracts simultaneously or at any time during the period of this contract, with one or more eligible chemists.

10.2 Appointed chemist shall attend the meetings fixed by the Local Advisory Committee in the Wellness Centre as and when called for.

10.3 Those chemists, whose contracts had been terminated by CGHS during the last three years on charges of substitution of medicines, over charging, misbehavior with CGHS beneficiaries/officers, non- adherence to the terms and conditions of contract, etc., shall not be considered for empanelment as authorized local chemist under CGHS. An affidavit that the contract of the bidder (in case the bidder was earlier empanelled) was not terminated by CGHS in the preceding three years shall be submitted.

10.4 The successful Bidder's Earnest Money will be discharged upon the Bidder executing the Contract and furnishing the Performance Security. Unsuccessful Bidder's Earnest Money will be discharged/returned within 30 days after the expiration of the period of tender offer validity prescribed by the CGHS.

10.5 One bidder can apply for any number of wellness centers but will be allotted maximum five number of wellness centers for the purpose of supply of drugs/medicines under the contract. If the bidder has applied for more than five wellness centers and his offer is found to be offering maximum discount in other wellness centers also in addition to the maximum five allotted to him, he will be treated as ineligible for rest of the wellness centers. The next successful bidder with highest offer of discount will be considered for appointment as Authorized Local Chemist for that Wellness Centre subject to fulfillment of all other terms and conditions as set out in this Tender document. In case of identical offers with same rate of discount for two or more Wellness Centres by a bidder, decision of the Tender Committee will be final in regard to allotment of CGHS Wellness Centres to that firm for the purpose of this contract.

ThefollowingTie-breaker procedure will be adopted to break the tie (in order of listing):

1. Distance of the Chemist's premises from the WC (nearer the Chemist, more the preference)
2. Turnover of the Bidder: More the turnover, more the preference
3. Duration of Establishment: Longer the period of establishment, more the preference.

10.6 In case In case of identical discount offer by more than one Bidder for a WC, the following Tie breaker procedure will be adopted to break the tie (in order of listing):

1. Distance of the Chemist's premises from the WC (nearer the Chemist, more the preference)
2. Turnover of the Bidder: More the turnover, more the preference Fit
3. Duration of Establishment: Longer the period of establishment, more the preference.

10.7 If there is no eligible bidder for a wellness centre, the empanelled chemists of the other Wellness Centers with highest offered rate of Discount in the zone may be considered for empanelment / allotment by the tender committee, failing which the Chemist with next highest Discount in the zone will be offered the contract, if otherwise eligible, and so on.

SECTION - II

Conditions of Contract

1. COLLLECTIONOF INDENT FOR SUPPLY

The Authorized Local Chemist or his representative shall receive local purchase indent online through internet from the allotted Wellness Centres) during the time allotted before the specified closing hours from the allotted Wellness Centre(s).

2. DELIVERY OF SUPPLIES

The delivery of supplies in full will be made on the next working day by 7.30 a.m. or at the opening hours of unit/Wellness Centers, whichever is later, at the premises of the Wellness Centre(s) indenting the supplies or in case of emergency at the residence of the patients as directed by CMO 1/c of the Wellness Centre/unit.

3. NONSUBSTITUTION

In case of indent for specific brand of medicines, the brand shall not be substituted.

4

4.1 PACKEDSUPPLIES

Supplies are required to be made in original packing of manufacturer. The packing should approximately be nearest to the total quantity demanded of any particular medicine/drug on any particular day.

4.2 INDIVIDUAL PACKETS

The local chemist shall supply bar-coded medicines indented for one patient in one packet and write the name and the Beneficiary ID number on the packet of the patient.

5. AUTHORITY SLIP

In case an Authorized Medical Attendant of the Wellness Centre concerned gives any 'By Hand' Authority Slip to a beneficiary, the medicines will be supplied immediately to the beneficiary for a period as mentioned in the slip or for upto 7 days or nearest pack size.

6. LIFE PERIOD OF MEDICINES SUPPLIED

Every medicine has its own shelf-life period mentioned on the label of medicine. The shelf life of medicines supplied should not have passed more than half of its shelf life at the time of supply.

7.

7.1 ONLINE CONNECTIVITY WITHWELLNESS CENTRES:

The local Chemist shall ensure reliable internet connectivity to ensure connectivity to CGHS Network to receive online indent from the Wellness Centre(s). Copies of the indent shall be printed by the local chemist on plain computer stationary as per the specifications prescribed by CGHS. The chemist must also have facilities for Bar code printing as well as bar code scanning.

7.2 PRESENTATIONOF BILLS:

(i) The Authorized Local Chemist shall present the bill to respective unit for the supplies made during each fortnight (1 to 15 & 16 to 30/31) within ten days of closing of each respective fortnight. The bill should clearly indicate the details of the supplies made each day such as name of the item, name of with date, rate, discount as per contract etc. and any other information required by the CGHS.

(ii) The bill shall be supported by the original indent along with the certificate from the Chief Medical Officer In charge of the Wellness Centre under his/her signature, with date, seal of the office for receipt of the items indented. Incomplete bills not accompanied by any of the particulars mentioned in (1) above will not be entertained.

8. PERIODUPTO WHICH SUPPLY ORDERS WILL BE PLACED

Supply orders will be placed against the contract up to the last date of the contract. Orders received even on the closing date should be honored in accordance with the terms of contract even though the last date of the contract may have expired on the date of supply of medicines.

9. PERFORMANCESECURITY T

The amount of Performance Security shall be liable to be forfeited if the medicines supplied by

the Authorized Local Chemist against the indents placed on them in pursuance of this contract are subsequently found as having been stolen from anywhere or are not conforming to quality. The Performance Security is also liable to be forfeited if the authorized chemist:

(i) Fails to adhere to the terms of the Contract or
(ii) Supplies any sub-standard, spurious drugs or substitutes medicines.
(iii) Delays supplies.
(iv) Over charges
(v) If the chemist is found engaged in corrupt and fraudulent practices including subcontracting.
(vi) The Chemist should not stop the supplies of the medicines/drugs without giving 30 days notice.

10. DEDUCTIONS FOR DELAY/DEFAULT

10.1 In case of indent for specific brand of medicines, the same shall not be substituted. If any such case is noticed during subsequent scrutiny after or before the payment, then supplier will be penalized Rs.1000/- along with the cost of the specific brand of medicines for each such default.

10.2 The indented drugs shall be supplied in full on the next working day by 9.00 3.in. or at the Centers. In case of emergency, the indented drugs shall be delivered at the residence of the patients as directed by CMO 1/C of the Wellness Centre/unit. In the event of non-supply of indented medicines in time as aforesaid, Rs. 500/- will be deducted from the bill of the Chemists for each day or part thereof of delay in respect of each brand.

11. TERMINATIONFOR DEFAULT

CGHS may, without prejudice to any other remedy for breach of contract, by written notice of default sent to the bidder, terminate the Contract in whole or part:

a. If the bidder fails to provide any or all of the services within the period(s) specified in the Contract

b. If the bidder fails to perform any other obligation(s) under the Contract.

c. If the bidder, in the judgment of the CGHS has engaged in corrupt or fraudulent practices in competing for or in executing the Contract including sub-contracting.

12. RESERVATION OF RIGHT FORAPPOINTMENT OF MORE CHEMISTS FOR EACH CGHS UNIT

The Additional Director CGHS (Medical Store Depot) reserves the right to appoint any number of Authorized Local Chemists for each unit. The Additional Director CGHS (Medical Store Depot) also reserves the right to allocate, reallocate the Wellness Centres, existing and new ones, under the CGHS that may be set up during the currency of the contract. Additional Director CGHS (Medical Store Depot) also reserves the right to decide which chemist shall normally serve which CGHS unit. Without prejudice to the right, emergency purchases can be preferred from any of the empanelled chemist irrespective of such allotment of unit to each Authorized Local Chemist for purchase of normal supplies.

13. SUPPLY OFMEDICINES:

13.1 Sufficient stock of standard quality of medicines at all times will have to be maintained by the chemist, to avoid inconvenience to the CGHS beneficiaries.

13.2 In case of failure or refusal on chemist's part to supply the medicines to the purchaser/ beneficiaries within the time as provided in the relevant clauses of this Tender document, the contract is liable to be terminated /cancelled at chemist's risk and cost. Any additional cost involved in arranging supply from alternative source will be recovered from the chemist. This will be in addition and without prejudice to the deduction in clauses 12 & 13.

13.3 The chemist will indicate batch number, name of manufacturer, date of expiry of drugs indented in the relevant columns of the Indent sheet at the time of supplying the medicines/drugs to the concerned CGHS Units/Wellness Centre(s).

13.4 (a) The medicines/drugs to be supplied shall be of standard quality. In case it is found that

a drug/ medicines is expired or is near the date of expiry, found not of standard quality, substandard or spurious, supplier's (Appointed Authorized Local Chemist) firm will be liable to be debarred for a period of 3 years besides other legal action that may be initiated against them as per law. In case the supplier fails to supply indented drugs/medicines, then CGHS / beneficiary will be entitled to procure the same from other chemist and the supplier will be liable to reimburse in full the price paid by the CGHS / beneficiary. However the chemist will be allowed to claim what would be payable to him for the medicines as per the agreed terms and conditions.

(b) In case of indent of drugs by a specific brand of medicines, the same shall not be substituted by another brand. If any such case is noticed during subsequent scrutiny after or before the

ent, the supplier will be penalized for Rs.1000 in addition to the cost of the specific brand of medicine indented for each such default.

13.5 The designated chemist shall deliver the indented medicines in separate packets for each and every individual beneficiary.

13.6 Force Majeure: Supplier shall not be liable for forfeiture of its performance security, imposition of penalty or termination for default, if and to the extent that its delay in performance or other failure to perform its obligations under the contract is the result of an event of Force Majeure which means an event beyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but are not limited to, acts of the purchaser either in its sovereign or contractual capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargos. If a force majeure situation arises the supplier shall promptly notify the purchaser in writing of such conditions and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

14. INDEMNITY

The bidder shall indemnify the CGHS against all actions, suits, claims and demands brought or made against it in respect of anything done or committed to be done by the bidder in execution of or in connection with the work of this contract and against any loss or damage to the CGHS in consequence to any action or suit being brought against the bidder for anything done or committed to be done in the execution of this contract. The bidder will abide by the job safety measures

prevalent in India and will free the CGHS from all demands or responsibilities arising from accidents or loss of life, the cause of which is the bidder's negligence. The bidder will pay all indemnities arising from such incidents without any extra cost to CGHS and will not hold the CGHS responsible or obligated. The CGHS may at its discretion and entirely at the cost of the bidder defend such suit, either jointly with the bidder or single in case the latter chooses not to defend the case.

15. PAYMENT

The Authorized Local Chemist shall submit claims for payment of bills twice in a month. Payments of the bills presented will normally be arranged in 4 to 6 weeks from the date of presentation of the bill however, the authorized chemist shall make no claim from the Government of India (CGHS) in respect of interest or damages in case the payment is delayed for any reasons. The payment will be made through ECS for which bidder should give requisite ECS Mandate Form with details of bank address, Account No. etc & a copy of the cancelled Cheque.

16. ARBITRATION

" (i) In the event of any dispute or difference between the parties hereto, such disputes or differences shall be resolved amicably by mutual consultation. If such resolution is not possible, then the unresolved dispute or difference shall be referred to arbitration of the sole arbitrator to be appointed by the Additional Secretary & Director General. CGHS, Ministry of Health & Family Welfare, on the recommendation of the Secretary, Department of Legal Affairs ("Law Ministry"), Government of India. The provisions of Arbitrations and Conciliation Act, 1996 (No. 26 of 1966) shall be applicable to the arbitration. The venue of such arbitration shall be at New Delhi or any other place, as may be decided by the arbitrator. The language of arbitration proceedings shall be English. The arbitrator shall make a reasoned award (the 'Award'), which shall be final and binding on the parties. The cost of the arbitration shall be shared equally by the parties to the agreement. However, expenses incurred by each parties in connection with the preparation, presentation shall be borne by the party itself.

(ii) Pending the submission of and / or decision on a dispute, difference or claim, or until the arbitral award is published, the party shall continue to perform all of their obligations under this agreement without prejudice to a final adjustment in accordance with such award".

17. NOTICES:

17.1 Any notice given by one party to the other, pursuant to this Contract shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other Party's address as below.

CGHS*: Additional Director CGHS (Medical Store Depot), Delhi.

Bidder* _____

_____

17.2 Noticeshall be effective when delivered or on the notice's effective date, whichever is later.

ANNEXURE - A

EMPANELMENT OF CHEMIST FOR WC INDELHI / NCR

PERFORMANCE SECURITY FORM (PSF) (For an amount of 5% of the expected business in respect of CGHS Wellness Centre allotted to him for supply of drugs / medicines)

To,

The President of India

Through Additional Director CGHS) Medical Store

Depot, New Delhi-110001

WHEREAS _____(Name of successful bidder)

hereinafter called "Successful Bidder" has undertaken, purchase Contract No. _____

dated, _____ 2014 to _____

(Description of Services) hereinafter called "the Contract" in pursuance of Tender Document dated _____

issued by _____.

AND WHEREAS it is one of the terms of the tender document that the successful bidder has to submit a performance bank guarantee by a nationalized bank for entering into a contract.

AND WHEREAS it has been stipulated by you in the said contract that the successful bidder shall furnish you with a bank guarantee by a nationalized bank for the sum specified therein as security for the compliance with the successful bidder's performance obligations in accordance with the contract.

ANDWHEREAS we have agreed to give guarantee for the successful bidder.

THEREFORE WE hereby affirm that we are guarantors and responsible to you up to a total sum of Rs. ----

----/Rupees only) and we undertake to immediately pay you, upon your first written demand declaring the successful bidder to be in default under the contract and without demur cavil or argument, any sum or sums within the amount as aforesaid, without your needing to prove or to show the grounds or reasons for your demand or the sum specified therein.

A letter from your office that the successful bidder has committed default in the due and faithful performance of all or any of its obligations under and in accordance with the contract shall be conclusive, final and binding on us. We further agree that you shall be the sole judge as to whether the successful bidder is in default in due and faithful performance of its obligations under the contract and your decision that he is in default shall be final and binding on us, notwithstanding any differences between you and successful bidder or any disputes between you and him pending before an Arbitrator or any other court or tribunal or authority.

In order to give effect to this guarantee you shall be entitled to act as if we are the principal debtor and any change in our constitution or that of successful bidder shall not, in any way, or manner affect our liability or obligation under this guarantee.

You shall have liberty, without affecting in any manner our liability under this guarantee, to vary at any time, the terms and conditions of the contract or to extend the time or period for compliance or to postpone for any time the exercise of any of your rights or enforce or forebear from enforcing any of the terms and conditions of the contract and we shall not be released from our liability or obligation under this guarantee by any exercise of such liberty by you Di other forbearance, indulgence, act or omission on your part.

We undertake not to revoke this guarantee during its currency.

Any notice by way of request, demand or otherwise hereunder may be sent by post addressed to us at above referred branch, which shall be deemed to have been duly authorized to receive such notice and to effect payment thereof forthwith, and if sent by post it shall be deemed to have been given at the time when it ought to have been delivered in due course of post and in proving such notice, when given by post, it shall be sufficient to prove that the envelope containing the notice was posted and a certificate signed by any of your officers that the envelope was so posted shall be conclusive.

This guarantee shall come into force with immediate effect and shall remain in force and effect for a period of six months beyond the validity of the contract or until it is released by you pursuant to the provisions of the contract.

Signedand sealed this day of 2015 at

SIGNED, SEALEDAND DELIVERED

For and on behalf of (Name of the bank) By:

(Signature)

ANNEXURE-B

TENDERACCEPTANCE LETTER

(To be given on Company Letter Head)

Date:

To,

_____

_____

_____

_____

_____

Sub: Acceptance of Terms & Conditions of Tender.

Tender Reference No: _____

Name of Tender / Work: -

_____

_____

Dear Sir,

1.1 /We have downloaded/ obtained the tender document(s) for the above mentioned 'Tender/Work' from the web site(s) namely:

as per your advertisement, given in the above mentioned website(s).

2.1 / We hereby certify that I / we have read the entire terms and conditions of the tender documents from Page No. _____to __(including all documents like annexure(s), schedule(s), etc.), which form part of the contract agreement and I/we shall abide hereby by the terms / conditions / clauses contained therein.

3. The corrigendum(s) issued from time to time by your department/ organisation too have also been taken into consideration, while submitting this acceptance letter.

4. I / We hereby unconditionally accept the tender conditions of above mentioned tender document(s) / corrigendum(s) in its totality/ entirety.

5. In case any provisions of this tender are found violated, then your department Organisation shall without prejudice to any other right or remedy be at liberty to reject this tender/bid including the forfeiture of the full said earnest money deposit absolutely.

Yours Faithfully,

(Signature of the Bidder, with Official Seal)

ANNEXURE-C

EMPANELMENT OF CHEMIST FOR WC INDELHI / NCR

Declaration of bidder

From:

Complete address of the bidder with

Phone, Fax, Mobile Address.

To:

Additional Director CGHS Medical

Store Depot

DIZ Area-II, Udyan Marg, Gole Market New Delhi-

110001.

Dear Sir

1. I/We hereby offer to supply medicines/drugs to CGHS Wellness Centre _____ as indicated in the Bid notice or to such Wellness Centers/hospitals/ units, you may specify in the acceptance of Bid at the rate given in Price Bid attached and agree to hold this offer open till _____ I/we shall be bound by a communication of acceptance dispatched within the prescribed time.

2. I/we have understood the Instructions to the Bidders and Conditions of Contract and fully accept them.

3. I / we are fully aware of the nature of medicines/drugs required and my / our offer is to supply the medicines/drugs strictly in accordance with the requirements of CGHS.

4. I / we agree to arrange supplies of standard quality medicines / drugs in accordance with the nomenclature, specifications and packages given in the local purchase indents.

5. I/ we agree that the supply of aforesaid will comply with provisions of Drugs & Cosmetics Act, 1940 andrules made there under.

6. My / our shop is situated within CGHS COVERED AREA OF THE ZONE.

7. My / our firm has not been convicted by the State Drugs Authorities and no case is pending under the Drugs and Cosmetics Act and Rules.

SIGNATURE OF WITNESS

NAME

ADDRESS:

DATE: ..../.../...

SIGNATURE OF BIDDER

NAME

ADDRESS:

DATE:.../.../_..

ANNEXURE-D

List of the CGHS Wellness Centers

S. No.	ZONE	NAME OF THE WC	WC Code	TENDERID
1	CZ	Chankya Puri	D23	2016_DGHS_82987_1
2	CZ	North Avenue	D31	2016_DGHS_82987_2
3	CZ	Telegraph Lane	D34	2016_DGHS_ 82987_3
4	CZ	Dr. Z. H. Road	D44	2016_DGHS_82987_4
5	CZ	Minto Road	D4	2016_DGHS_82987_5
6	CZ	FAP Supreme Court	D93	2016_DGHS_82987_6
7	EZ	Chandni Chowk	D8	2016_DGHS_82987_7
8	EZ	Daryaganj	D28	2016_DGHS_82987_8
9	EZ	Greater Noida	D22A	2016_DGHS_82987_9
10	EZ	Subzi Mandi	D6	2016_DGHS_82987_10
11	EZ	Shahibabad	D94	2016_DGHS_82987_11
12	EZ	Noida Sector 82	D95	2016_DGHS_82987_12
13	EZ	Ghaziabad	D68	2016_DGHS_82987_13
14	EZ	Vaishali Indirapuram	D97	2016_DGHS_82987_14
15	NZ	Pusa Road	D18	2016_DGHS_82987_15
16	NZ	Dev Nagar	D19	2016_DGHS_82987_16
17	NZ	New Rajinder Nagar	D45	2016_DGHS_82987_17
18	NZ	Rohini Sec.-16	D89	2016_DGHS_82987_18

19	NZ	Jharoda kalan (Najafgarh)	D33A	2016_DGHS_82987_19
20	SZ	Andrews Ganj	D39	2016_DGHS_82987_20
21	SZ	Munirka	D71	2016_DGHS_82987_21
22	SZ	Pushp Vihar	D78	2016_DGHS_82987_22
23	SZ	R.K. Puram - I	D43	2016_DGHS_82987_23
24	SZ	R.K. Puram - II	D46	2016_DGHS_82987_24
25	SZ	R.K. Puram - III	D50	2016_DGHS_82987_25
26	SZ	R.K. Puram - IV	D52	2016_DGHS_82987_26
27	SZ	R.K. Puram-V	D57	2016_DGHS_82987_27
28	SZ	R.K. Puram-VI	D69	2016_DGHS_82987_28
29	SZ	Sadiq Nagar	D63	2016_DGHS_82987_29
30	SZ	Faridabad	D70	2016_DGHS_82987_30
31	SZ	Gurgaon	D73	2016_DGHS_82987_31
32	SZ	Gurgaon Sector -55	D92	2016_DGHS_82987_32
33	SZ	Jangpura	D40	2016_DGHS_82987_33
34	SZ	Kasturba Nagar - I	D24	2016_DGHS_82987_34
35	SZ	Kasturba Nagar - II	D72	2016_DGHS_82987_35
36	SZ	M. B. Road	D65	2016_DGHS_82987_36
37	SZ	Moti Bagh	D16	2016_DGHS_82987_37
38	SZ	Nanakpura Market	D29	2016_DGHS_82987_38
39	SZ	Nauroji Nagar	D30	2016_DGHS_82987_39
40	SZ	Netaji Nagar	D21	2016_DGHS_82987_40
41	SZ	Sarojini Nagar	D35	2016_DGHS_82987_41
42	SZ	Sarojini Nagar – II	D14	2016_DGHS_82987_42
43	SZ	Vasant Vihar	D96	2016_DGHS_82987_43
44	SZ	Sriniwaspuri	D37	2016_DGHS_82987_44
45	SZ	Sarita Vihar	D90	2016_DGHS_82987_45
46	SZ	Lajpat Nagar	D11	2016_DGHS_82987_46
47	SZ	Hauz Khas	D47	2016_DGHS_82987_47

48	SZ	Laxmibai Nagar	D15	2016_DGHS_82987_48
49		Medical Store Depot (MSD)		2016_DGHS_82987_49

ANNEXURE-E

	PERFORMANCE SECURITY FOR 49 WELLNESS CENTRES IN DELHI/NCR						
S.No	ZONE	NAME OFTHE WC	WC Code	Avg.of 3 years	Performance Security(5%of Avg.)	Rounded off Performance Security	EMDin Rs.
1	CZ	Chankya Puri	D23				100000/-
2	CZ	North Avenue	D31				100000/-
3	CZ	Telegraph Lane	D34				100000/-
4	CZ	Dr. Z. H. Road	D44				100000/-
5	CZ	Minto Road	D4				100000/-
6	CZ	FAPSupreme Court	D93				100000/-
7	EZ	Chandni Chowk	D28				100000/-
8	EZ	Daryaganj	D8				100000/-
9	EZ	Greater Noida	D22A				100000/-
10	EZ	Subzi Mandi	D6				100000/-
11	EZ	Shahibabad	D94				100000/-
12	EZ	Noida Sector 82	D95				100000/-
13	EZ	Ghaziabad	D68				100000/-
14	EZ	Vaishali Indirapuram	D97				100000/-
15	NZ	Pusa Road	D18				100000/-
16	NZ	Dev Nagar	D19				100000/-
17	NZ	NewRajinder Nagar	D45				100000/-
18	NZ	Rohini Sec.-16	D89				100000/-
19	SZ	JharodaKalan (Najafgarh)	D33A				100000/-
20	SZ	Andrews Ganj	D39				100000/-
21	SZ	Munirka	D71				100000/-
22	SZ	Pushp Vihar	D78				100000/-
23	SZ	R. K. Puram-1	D43				100000/-

24	SZ	R. K. Puram-II	D46				100000/-

25	SZ	R.K. Puram-III	D50				100000/-
26	SZ	R. K. Puram-IV	D52				100000/-
27	SZ	R. K. Puram-V	D57				100000/-
28	SZ	R. K. Puram-VI	D69				100000/-
29	SZ	Sadiq Nagar	D63				100000/-
30	SZ	Faridabad	D70				100000/-
31	SZ	Gurgaon	D73				100000/-
32	SZ	GurgaonSector - 55	D92				100000/-
33	SZ	Jangpura	D40				100000/-
34	SZ	Kasturba Nagar - I |	D24				100000/-
35	SZ	KasturbaNagar- II	D72				100000/-
36	SZ	M. B. Road	D65				100000/-
37	SZ	Moti Bagh	D16				100000/-
38	SZ	Nanakpura	D29				100000/-
39	SZ	Nauroji Nagar	D30				100000/-
40	SZ	Netaji Nagar	D21				100000/-
41	SZ	SarojiniNagar Market	D35				100000/-
42	SZ	Sarojini Nagar - II	D14				100000/-
43	SZ	Vasant Vihar	D96				100000/-
44	SZ	Sriniwaspuri	D37				100000/-
45	SZ	Sarita Vihar	D90				100000/-
46	SZ	Lajpat Nagar	D11				100000/-
47	SZ	Hauz Khas	D47				100000/-
48	SZ	Laxmibai Nagar	D15				100000/-
49	SZ	MedicalStore Depot					100000/-

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army)
Maude Lines
Delhi Cantt-110010

B/49762/AG/ECHS/Medicine Policy

13 Dec 2017

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

IMPLEMENTATIONINSTRS: PROCEDURE FOR AUTHORISED LOCAL CHEMIST

1. Refer to this HQ letter No B/49762/AG/ECHS/Medicine Policy dated 29 Aug 2017.

2. The following amendment may please be made in our letter under ref :

(a) Para 2

For : Rep of LAO/CDA

Read : Rep of IFA/PCDA/CDA

(b) Para 4 : Replace sub para 4 (a) to (d) as follows :

4 (a) Constitute a Board of Officers for empanelment of local medical stores/chemists. Due care is to be exercised in choice of Medical officer to avoid any conflict of interest. MOs/Spl posted to MH of SEMO concerned to be avoided and MO/ RMO of non medical units may preferably be detailed.

4(b) Approval of recommended list of local medical stores/chemists submitted by the Board of Officers.

4(c) The Contract will be signed with the approved local medical stores/chemists by Stn HQrs for a period of two years. The terms and conditions of Contract will be based on CGHS formats.

4(d) All CGHS Authorized Chemist in the same city will be considered as deemed empanelled ie need not participate in TE but they can sign the contract with Stn Cdr meeting more than 15% discount from MRP as given to CGHS. The period of contract will be upto the period for which the CGHS contract is valid ie if the period of contract of CGHS is from 01 Apr 17 to 31 Mar 18 and the ECHS ALC contract is being signed on 01 Dec 2017 then the period of ECHS ALG contract will be from 01 Dec 17 to 31 Mar 18. Even after signing this contract, TE can be floated which can be participated by CGHS empanelled chemist who has signed the contract so that the chemist offering max discount from MRP can be empanelled subsequently

3. This clarification is offered so that CGHS empanelled chemist can be utilized without any delay.

(PVGahlot)
Dir (Med)
for MD ECHS

Encl: As above.

Copyto

US(WE)

PS to JS ESW

PPS to Secy (ESW)

CGDA, New Delhi	-	for dissemination to all concerned CDAs/ PCDAs. UTI-ITSL
1533/1, Above Farico Show Room	-	for info and necessary action pl.

15 Floor, Old Madras Road

Halasuru, Bangalore, Karnataka-

560008

Internal

Ops & Coord, P&FC, Claim Sec	-	for info
Stats & Automation Sec	-	for uploading in ECHS Website.

Tele: 25682870/2055 Mil:
36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army) Maude Lines,
Delhi Cantt-10

B/49761/AG/ECHS

20 Feb 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command(A/ECHS)
HQ South Western Command
(A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS) AMA ECHS,
Embassy of India, Nepal
HQ Area HQs HQ Sub Areas
All Regional Centres

ISSUE OF DOMICILIARY MEDICAL EQUIPMENT

1. Domiciliary Medical Equipment constitutes a very imp facet of health mgt of veterans & their dependents. The current resp of providing the eqpt rest with Stn Cdrs wherein the procurement of eqpt is processed after specialist recommendation from service hospitals. The fund for such procurement is currently provided by central Org ECHS through HQ cords under code head 365/00 (Medical Treatment) which is further suballocated to concerned Stn HQs.

2. The current arng has not yielded satisfactory results and there has been inordinate delay in provision of this eqpt. Thesubject was deliberated with DGMS(Army) and the following has been decided:-

.

(a) Since specialists at service hospitals are authorised to recommend the domiciliary eqpt, the eqpt will also be provided by the concerned service hospital with resp of SEMO.

(b) Central Org ECHS will allocate funds for this requirement to OIDGAFMS under code head 365/00 (Med Treatment) who in turn will allocate the same to a! SEMO's based on anticipated expenditure.

(c) The OIC Polyclinic will place a demand on SEMO for the equipment and will account for the same by endorsing the eqpt once issued in the beneficiary ECHS card & maintain records at the polyclinics.

(d) The policy will come in force wef 01 Apr 2018

4. All concerned will ensure that all legitimate beneficiaries are provided quality eqpt as approved by the Govt as per specifications within the financial ceiling.

5. All Stn Cdrs will ensure that the eqpt is provided to the beneficiaries under their arrgs till 31 Mar 2018.

(IVSGahlot)
Col
Dir (Med)
for MD ECHS

Copy to:

O/o DGAFMS **O/o DGMS(Army)** **O/o DGMS(Navy)** **O/o DGMS(Air Force)**	1. For info & necessary action this reference to our letter No. B/49761/AG/ECHS dated 06 Sep 17 and serial 2 of Mins of meeting discussions in the Collegiate meeting of 24 Oct 17 at Vijay Kaksh O/o DGMS (Army) 2. Necessary instrs be passed to MG(Med), HQ Commands and equivalent and all SEMO's.

Internal

Ops & Coord, P & FC, Claim Sec	-	For info.
S & A Sec	-	for uploading on ECHS Website

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army) Maude Lines
Delhi Cantt-110010

B/49761/AG/ECHS/Policy

31 May 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

ISSUE OF DOMICILIARY MEDICAL EQUIPMENT FORECHS BENEFICIARIES

1. Please refer to the following :

(a) GoI MoD/ Do ESW letter No 24(8)/03/US (WE)/D (Res) dated 19 Dec 2003.

(b) GoI MoD/DOESW letter No 24(3)/03/US(WE)/D(Res) (ii) dated 09 Sep 2003.

(c) Min of Health & Family welfare O.M. No. S.11011/25/2014/CGHS-(P) dated 08 Jul 2014. Schedule - 2 (2.4) of DFPDS-2016.

(d) Central Org ECHS letter No B149762/AG/ECHS dated 27 Jul 2017.

(e) Central Org ECHS letter No B/49761/AG/ECHS dated 20 Feb 2018.

(g) Central Org ECHS letter No B/49791/Dig Payments/AG/ECHS dated 15 Mar 2018.

2. The responsibility of providing Domiciliary Medical Equipment to ECHS beneficiaries and their dependants which was earlier with Stn HQ, will now rest with the SEMOS (Commandant / CO Service Hospital) whose specialists have recommended the equipment. The cost of the equipment will not exceed CGHS rates.

3 These equipment will be recommended and procured as under:

S No.	Eqpt	Recommended by	Procurement by (as CFA)	Ceiling Rate/ Remarks
(a)	CPAP/BIPAP machine	Respiratory Medicine Specialist	Comdt / CO Hosp where Respiratory Medicine Specialist is posted	(i) CPAP – Rs 50,000/ (ii) Bi-Level CPAP – Rs 80,000/ iii). Bi-Level Ventilatory System - Rs 1,20,000/
(b)	Hearing Aid	ENT Specialist	Comdt / CO Hosp Where ENT specialist is posted.	(i) Body worn/pocket type- Rs. 3,000/- (ii) Analogue BTE - Rs 7,000/ (iii) Digital BTE Rs 15,000/ (iv) Digital ITC/CIC-Rs 20,000/
(c)	Artificial Appliances Related to Mobility Aids	Neuro surgeon/Neuro Physician/ Orthopaedician/ surgeon	Comdt / CO Hosp where these specialists are available.	(i) The appliances will be allowed for re-issue on completion of 5 Yrs in case of children except motorized wheel chair and tricycle. (ii) Motorized wheel chair and tricycle may be re- issued after 5 Yrs. (iii) Approved rates as per Appx.
(d)	Nebuliser, Glucometer. Oxygen Concentrator	Medical Specialist	Comdt/ CO Hosp where Medical specialist is posted.	(i) Oxygen concentration Rs. 60,000/- (ii) CGHS rates will apply for Nebuliser and Glucometer.
(e)	Any other item recommended for domiciliary use authorized under CGHS Scheme.	Concerned specialist	Comdt/ CO Hosp where the concerned specialist is posted.	CGHS rates will apply.

4. **Issue Procedure**. Once the concerned specialist approves issue of any domiciliary equipment, patient will collect the copy of issue voucher from the service hospital concerned and get endorsed from OIC ECHS Polyclinic of the issuing service hospital regarding entry of issue details of equipment in the patient's ECHS card and system. Hospital to issue the equipment after confirmation of entry of details in his ECHS card.

5. **Consumables.** The consumables for the equipments will be procured by SEMO/ Comdt/ CO Hosp and issued under arrangements of OIC Polyclinic. In case item is NA at medical stores of Polyclinic, consumables will be issued through Authorised Local Chemist (ALC).

6. **Repair & Maintenancel Annual Maintenance.** Cost of repair & maintenance will be borne by the member themselves and will not be reimbursable.

7. **Financial Power.** The financial powers of various CFA's will be as per schedule 2.4, DFPDS-2016.

8. **Allocation of Funds.** Central Org ECHS to allocate funds for this requirement to the Olo DGAFMS under major head 2076 sub head code head 363/01 (Medical Equipment, Medicines & Drugs), who in turn will allocate the same to SEMOS on anticipated expenditure, as per letter mentioned at Para 1 (b).

9. These instructions will supersede Central Org ECHS letter No B/49761/AG/ECHS dated 20 Feb 2018 issued earlier with "Issue of Domiciliary Medical Eqpt" as the subject.

10. This policy will come in force wef 01 Apr 2018.

11. This has the approval of DGAFMS.

(IVSGahlot)
Col
Dir (Medical)
for MD ECHS

Copy to :

O/o DGAFMS DGMS
(Army) DGMS (Air)
DGMS (Navy)DGDS

Internal

Ops & Coord, P&FC, Claim Sec	-	for info.
Stats & Automation Sec	-	for uploading on ECHS Website.

Appx (Refer to
Central Org ECHS
letter No B/49761/AG/ECHS/ Policydt
31 May 18)

MOBILITY AIDS

Sl NO	**Name of Orthosis**	**Approved Rate/Price (child above 12 Yrs)**	**Approved Rate/Price (child 7-12 Yrs)**	**Approved Rate/Price (child 0-6 12 Yrs)**
1.	Walkingstick (Adjustable) Aluminium	Rs.350/-	Rs.350/-	Not Applicable
2.	Tripod/ Quadripod Walkingstick Aluminium	Rs.750/-	Not Applicable	Not Applicable
3.	Auxillary Crutch/Elbow crutch (Aluminium) Adjustable	Rs.850/-	Rs.650/-	Not Applicable
4.	Walker/ Rollator (Aluminium)	Rs.1,500/-	Rs.1,200/-	Rs.900/-
5.	CP Chair/ CP Stand	Not Applicable	Rs.7,300/-	Rs.7,000/-
6.	Commode Chair	Rs. 2,500	Rs. 2,500	Not Applicable
7.	Wheel ChairFolding (chrome plated)	Rs. 7,000/-	Rs. 4,000/-	Not Applicable
8.	MotorizedWheel Chair (i) Quadriplegic Wheel chair with chin and Head control (ii)Quadriplegic wheel chair with joy stick. (iii)Motorizedwheel chair (Handle driven)	Rs.1,10,000/-Rs. 60,000/- Rs. 35,000/-	NotApplicableNot Applicable Not Applicable	NotApplicableNot Applicable Not Applicable
9.	Tricycle Hand Propelled	Rs. 6000/-	Not Applicable	Not Applicable

Tele: 25683476
Mil: 36833

Central Organizations, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Maude Lines

B/49762/AG/ECHS/Policy

11 Jul 2018

IHQ of MoD (Navy)/ Dir ECHS (N)
Air HQ (VB)/ DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Command (A/ECHS)
HQ Andman & Nicobar Command (A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

SUPPLY OF MEDICINES TO ECHS BENEFICIARY AND AMENDMENT TO PROVISION REGARDING AUTHORIZED LOCAL CHEMIST (ALC).

1. Please refer to Govt of India, Ministry of Defence letter No. 22D(01)2016/ WE/D(Res-I) dated 25 Jun 2018 (copy enclosed).

2. The existing system of medicines delivery to ECHS beneficiaries was causing dissatisfaction among the veterans ENI 2016. After delinking of supply of medicines for ECHS from AFMSD wef 10th Oct 2016 and making SEMO the nodal agency for supplying of medicines for ECHS, the satisfaction level had shown improvement.

3. Satisfaction level further improved after the introduction of ALC.

4. However to overcome the difficulties faced by ECHS related to ALC implementation, procedural amendments are made which were deliberated in the letter quoted above at Para 1. Salient aspects are as under:

(a) To empanel local chemist from adjoining /nearby areas/town beyond the AOR of polyclinics in those locations where local chemists are not available within the municipal limit of concerned polyclinic

(b) The duration of delivery of medicines supply may be increased upto 72 hrs, instead of 24 hrs where an ALC does not exist within the municipal limit of polyclinic.

(c) The annual turnover of Rs. 60 lakhs/30 lakhs for CGHS cities and Non-CGHS cities has been reduced to 15 lakhs/5 lakhs respectively for smaller town chemist.

(d) PBG to be reduced to Rs. 15000/- instead of Rs. 50,000/- and Rs. 25,000/- for other facilities) for an empanelled authorized local chemist located in small towns/cities.

(e) The Jan Aushadhi stores may be considered as deemed empanelled with ECHS as Jan Aushadhi stores are essentials component of Prime Minister Jan Aushadhi Scheme. MoA can be signed with these stores.

(f) Board of Officers may visit chemist and proceed further when officers of CGDA (LAO/IFA) are not available, LAO/IFA may examine proposal before approval of BOO by Stn Cdr.

5. All Stn HQs are requested to ensure that ALC is empanelled for all PCs on priority at the earliest but not later than 15 Aug 18.

6. For your info and necessary action please.

Moray Seleney
(M JayaSekhar)
Lt Col
Jt Dir (Med)
for MD ECHS

Encls. - Two

Copy to:

O/o DGAFMS DGMS
(Army) DGMS (Air)
DGMS (Navy)DGDS

Internal

Ops & Coord Sec, P & FC Sec, Claim Sec	-	for info
Stats & Automation Sec	-	for uploading on ECHS Website

No.22D(01)/2016/WE/D(Res-1)
Government of India
Ministry of Defence
(Department of Ex-Servicemen Welfare) Room No.
221, B Wing,
Sena Bhavan, New Delhi.

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Dated 25.6.2018

Subject: **Supply of Medicines to ECHS Beneficiary and amendment to Provision regarding Authorised Local Chemist (ALC).**

Sir,

1. Reference to Govt. of India, Ministry.--.-of Defence letter No.22D(01)/2016/WE/D(Res-I) dated 22" August 2017 efforts were made to alleviate the difficulties faced by the ECHS beneficiaries and streamline the supply and availability of not available medicines by providing procedural guidelines vide the above "referred order permitting procurement of drugs and consumables for ECHS through ALC.

2. The existing system of medicine delivery to ECHS beneficiaries were causing dissatisfaction among the veterans till 2016. There was very low ground level.-- satisfaction prior to delinking of AFMSD with ECHS related supply of medicines. After delinking of supply of medicines for ECHS from AFMSD wef 10th October 2016 and, making SEMO the nodal agency for supply of medicines for ECHS the satisfaction level has shown improvement and the level of satisfaction is envisaged to improve further after the introduction of ALC (authorized local chemist). :

3. Various complaints from ECHS beneficiaries received by MoD (DoESW) and Central Organisation ECHS pertaining to availability of medicines. Most of these issues relate to supply and receipt of medicines, it will be well settled once the ALC becomes fully functional. Some of the difficulties faced by ECHS related to ALC implementations are mentioned below :

a) Non availability of any chemist within the municipal-imit of concerned polyclinic especially in smaller towns/cities.

b) Constraints in regard to having minimum annual turnover of Rs.60 lakh and Rs.30 lakh for CGHS cities and non CGHS cities respectively, for chemists located in smaller towns and cities.
2015.

c) Higher rates of PBG not feasible for retail chemists based in smaller towns/cities.

d) Non-availability of rep of IFAs/CsDA (LAO/FA) to visit these remote/smaller areas as part of board of officers for empanelment of authorised local chemist (ALC).

4. To overcome the difficulties faced, after deliberations with the stake holders, decision was taken for few procedural amendments. I am directed to convey the sanction of the competent authority for the following procedural amendments :

a) To empanel local chemists from adjoining/nearby areas/towns beyond the AOR of polyclinics in those locations where local chemists are not available within the municipal limit of concerned polyclinic.

b) The duration of delivery of medicines supply may be increased upto 72 hrs. Instead of 24 hrs where an ALC does not exist within the municipal limit of polyclinic.

c) The annual turnover of Rs.60 lakhs/30 lakhs for CGHS cities and Non-CGHS cities has been reduced to 15 lakhs/5 lakhs respectively for smaller town chemists.

d) PBG to be reduced to Rs. 15000/-(instead of Rs.50,000/- and Rs.25,000/- for other facilities) for an empanelled authorised local chemist located in small towns/cities.

e) The Jan Aushadhi stores may be considered as deemed empanelled with Jan Aushadhi stores are essential component of Prime Minister Jan Aushadhi Scheme.

f) Board of Officer may visit chemist and proceed further when officers of CGDA (LAO/IFA) are not available. LAO/IFA may examine proposal before approval of BOO by Stn Cdr.

5. This issues with the concurrence of Defence Finance/Pension vide their UO No. 10(3)/2016/Fin/Pen dated 20-4-2018.

Yours fajthfully

(A.K. karn)
UnderSecretary to the Govt. of India

Copy to :

1. CGDA, New Delhi
2. DGADS, New Delhi
3. SO to Defence Secretary /PPS to Secretary, ESW
4. PPS to AS(T)/PPS to AS(1)
5. Addi FA (RK) & JS
6. JS (ESW)/JS/(O/N)
7. Director(Finance/AG)
8. DFA (B)/DFA(N)/DFA (Air Force)
9. AFA (B-1)
10. D(Works)/D(Mov)/D(Med)
11. O&M Unit.
12. MD, ECHS

Tele: 25683476
Mil: 36833

Central Organizations, ECHS Adjutant
General's Branch Integrated
Headquarters Ministry of Defence
(Army) Maude Lines

B/49762/AG/ECHS

31 Jul 18

IHQ of MoD (Navy)/ Dir ECHS (N)
Air HQ (VB)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ ECHS) AMA
ECHS, Embassy of India, Nepal
All Regional Centres

ISSUE OF DOMICILIARY EQUIPMENTS FORECHS BENEFICIARIES

1. Please refer to this HQ letter No B/49761/AG/ECHS/Policy dated 31 May 2018.

2. As per ibid letter, Domiciliary Medical equipment to ECHS beneficiaries and their dependents are to be provided by SEMOs (Commandant / CO service hospital) as CFA on recommendation of their specialists.

3. As lot of queries have been received from the environment and it is further clarified that all nominated SEMOs can also procure and provide domiciliary medical equipments for the ECHS beneficiaries and dependents for their respective PCs under their jurisdiction on recommendation of concerned specialist of service hospitals. When the cost of equipments is beyond their financial limit, sanction of CFA as per medical chain vide Schedule 2.4 of DFPDS 2016 is to be obtained. All other conditions remain same.

4. For your info & further necessary action please.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Copy to: -

O/o DGAFMS DGMS
(Army) DGMS (Air)
DGMS (Navy)DGDS
Internal
Ops & Coord Sec, P& FC Sec, Claim Sec - for info
Stats & Automation Sec - for uploading on ECHS Website

Tele: 25683476
Mil: 36833

Central Organizations, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines

B/49762/AG/ECHS

09 Aug 18

IHQ of MoD (Navy) DirECHS (N)
Air HQ (VB)/ DAV
Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

APPROVAL FOR AFLIBERCEPT SOLUTION FOR INTRAVITREALINJECTION (EYLEA) FOR USE AS ANTI VEGF AGENT

1. Please refer to the following:

(a) Central Org ECHS letter No. B/49762/AG/ECHS/2017 dated 19 Aug 2013.

(b) Central Org ECHS letter No. B/49762/AG/ECHS/2017 dated 07 Feb 2017.

(c) O/o Drug Controller General (India), FDA Bhawan, Kotla Marg F. No X-11026/77/2018-8B dated 23 Apr 2018 (Copy attached)

(c) Dept of Ophthalmology, Army Hospital (R&R), Delhi Cantt letter No. 181/EYE/ECHS/2018 dated 24 Apr 2018 (Copy attached).

2. Use of drug Aflibercept solution for Intravitreal Injection (Eylea) was restricted vide Central Org letter No. B/49762/AG/ECHS/2017 dated 07 Feb 2017 as drug was not cleared by O/o Drug Controller General (India). However, the same was allowed with clear permission from service hospitals on case to case basis.

3. Now it is clarified by Olo Drug Controller General (India) vide their letter No X-11026/77/2018- 8B dated 23 Apr 2018 that "Drug product Aflibercept solution for
ion in PFS/Vials is approved for the indication as for the treatment of Neovascular (wet) age- related macular degeneration (wet-AMD)".

4. The detailed guidelines received from Sr Ady & HOD (Ophthal), Dept of Ophthalmology, Army Hospital (R&R), Delhi Cantt vide their letter No. 8181/EYE/ECHS/2018 dated 24 Apr 2018 regarding use of Aflibercept solution for Intravitreal injection (Eylea) are as follows:

(a) The patient has a condition that needs treatment by Anti VEGF Drugs and there has been no response to three Intravitreal Injections of Ranibizumab.

(b) The patient had responded to Inj Ranibizumab but has stopped responding to the injection now, as evidenced by Vision and Oct findings.

(c) The patient has Idiopathic Polypoidal Choroidal Vasculopathy (IPCV) for which Aflibercept is often considered a first choice drug as per current standard of care.

5. The list of conditions which can be treated by Anti VEGF drugs are well known to Ophthalmologists, however the merits of each case will need to be scrutinized by AFMS Vitreoretinal surgeons. In locations where Vitreoretinal surgeons are posted, the patients can take sanction as per current practice, however in locations without Vitreoretinal surgeons, ECHS polyclinics will need to liaise with the relevant closest Vitreoretinal surgeon of Servicel Govt hospitals to obtain sanction telephonically, by email or in person and endorse the same on referral document.

6. This must entail a fairly comprehensive summary from the prescribing empanelled hospital, giving details of the condition being treated the previous treatments with dates and relevant records supporting the same. In case sanction is being sought to treat IPCV, then the prescribing ophthalmologist must specify the criteria based on which a diagnosis of IPCV is being entertained.

7. Once approved, the empanelled hospital will have to seek sanction to continue Injecting Eylea (Aflibercept) after three injections have been administered. A maximum of three injections may be sanctioned on every application.

(IVSGahlot)
Col
Dir (Med)
for MD ECHS

Copy to:-

UTI Infrastructure Technology Service Limited SurabhiArcade1st Floor, 5-1-664, Bank Street Hyderabad - 500001	-	Please also upload the same for info of all Empanelled hospital and through email.
O/o DGAFMS DGMS (Army)DGMS(Air) DGMS (Navy) DGDS Army Hospital (R&R)		

Internal

Ops & Coord Sec, P & FC Sec, Claim Sec	-	for info
Stats & Automation Sec	-	for uploading on ECHS Website

Tele:- 38181

Dept of Ophthalmology Army
Hospital (R&R), Delhi Cantt- 10

8181/EYE/2/ECHS/2018

24 APR 2018

Central Organisation ECHS
Adjutant General's Branch Maude
Lines
New Delhi - 110010

USE OF INJ EYELEA FOR OPHTHALMIC CONDITION FOR ECHS PATIENT BY EMPANELLED HOSPITAL

6) Please Refer your letter No B/49762/AG/ECHS Dated 22 Mar 18.

7) Guidelines for usage of Eyelea for ECHS patients being treated at Empanelled hospitals are suggested as below. Inj Eylea (aflibercept) is to be used under the following conditions:

a) The patient has a condition that needs treatment by Anti VEGFf Drugs and there has been no response to three Intravitreal Injections of Ranibizumab.

b) The patient had responded to Inj Ranibizumab but has stopped responding to the injection now, as evidenced by Vision and Oct findings.

c) The patient has Idiopathic polypoidal Choroidal Vasculopathy (IPCV) for which Aflibercept is often considered a first choice drug as per current standard of care.

8) The list of conditions which can be treated by Anti VEGF drugs are well known to ophthalmologists, however the merits of each case will need to scrutinized by AFMS Vitreoretinal surgeons. In locations where Vitreoretinal surgeons are posted, the patients can take sanction as per current practice, however in locations without vitreoretinal surgeons, ECHS polyclinics will need to liase with the relevant closest Vitreoretinal surgeon to obtain sanction telephonically or on email.

9) This must entail a fairly comprehensive summary from the prescribing empanelled hospital, giving details of the condition being treated, the previous treatments with dates and relevant records supporting the same. In case sanction is being sought to treat IPCV, then the prescribing ophthalmologist must specify the criteria based on which a diagnosis of IPCV is being entertained.

10) Once approved, the empanelled hospital will have to seek sanction to continue injecting Eylea (flibercept) after three injections have been administered. A maximum of three injections may be sanctioned up on every application.

(HSTrehan)Gp
Capt
Sr Adv& HOD (Ophthal)
Army Hosp (R&R)

F. No. X-11026/77/2018-BD
Directorate General of Health Services Central Drugs Standard Control Organisation Office of Drugs Controller General (India) (Biological Division)

FDABhawan,KotlaRoad,
New Delhi 110002
Dated: 2 3 APR 2018

To,
The Director (Med) for MD ECHS, Central Organisation ECHS, Adjutant General's Branch, Integrated HQ of MoD (Army), Maude Lines, New Delhi-110010
.

Sub: Clarification regarding use of inj. Eyelea (Inj. Aflibercept) (anti VEGF) in various ophthalmic conditions such as Macular edema, age related macular degeneration, diabetic retonopathy - Reg

Ref: Letter of the Director (Med) for MD ECHS, vide letter No. B/49762/AG/ECHS dated 22.03.2018, received to this office on the subject cited above.

Sir,

With reference to the subject cited above, your request was examined in light of the records available with this office. It may be conveyed that, drug product Aflibercept solution for - intravitreal injection in PFS/Vials is approved for the indication as "for the treatment of Neovascular (wet) age-related macular degeneration (wet-AMD).

Yours faithfully,

(Dr. S. Eswara Reddy) Drugs Controller General (India)

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of Mod (Army)
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110010

B/49762/AG/ECHS/Medicine Policy

08 Apr 2019

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

EXECUTIVE INSTRUCTIONS : PROCEDURE RE-IMBURSEMENT OF MEDICINES AND CONSUMABLES TO ECHS BENEFICIARIES

1. Reference GoI (MOD) letter No 22D(01)/2016/ WE/D(Res-1) dated 30 Jan 19 (copy attached as Encl 1).

2. Provision of assured medicine supply to ECHS beneficiaries is critical for ensuring their medical care. While various measures / provisions exist, approval of reimbursement of medicines and consumables by GoI (MOD) vide letter at Para ensure that ECHS beneficiaries are able to get their medicines timely. These executive instructions are being issued to outline the process which will be further improved based on the environmental feedback.

3. **Primary Responsibility for Provisioning of Medicines & Consumables by SEMOS/SEDOs**.

(a) SEMOs are responsible for provision of medicines & consumables wef 10 Oct 16 vide Olo DGAFMS letter No 19189/DGAFMS/DG-2C/ECHS dt 10 Oct 2016.

(b) SEDOs are responsible for provision of dental medicines wef 07 Jul 2017 vide Ol DGAFMS letter No 19189/DGAFMS/DG-2C dt 07 Jul 17.

(c) SEMOs and SEDOS will continue to remain primary source of centralised medicine supply as these medicines come at most competent rates.

(d) Salient aspects of medicine management have been covered in SOP on Medicine Management issued on 05 Sep 17 vide Central Org ECHS letter No /49762/AG/ECHS/Medicine dt 05 Sep 17.

Since calculation of Monthly Maintenance Figure (MMF) was an important input for correct provisioning of medicines a comprehensive SOP on 'Calculation of MMF in ECHS

Polyclinics' has been issued on 19 Feb 19 vide Central Org ECHS letter No B/49762/AG/ECHS dt 19 Feb 19.

(e) Focus of medicine supply will remain on 'curative segment' as highlighted in SOP on Treatment Management in ECHS issued vide Central Org ECHS letter No B/49770/AG/ECHS/Treatment dt 28 Sep 2018.

4. **Provision of Medicines & Consumables through Authorised Local Chemist (ALC) if NA with Polyclinics.**

(a) GoI (MOD) has approved provision of ALC vide their letter No 22D(01)/2016/ WE/D(Res-1) dated 22 Aug 17 for which executive instrs were issued vide our B/49762/AG/ECHS/Medicine Policy dated 29 Aug 17. This entailed provision of an Authorised Local chemist (empanelled chemist shop) to provide 'NA' medicines immediately if within premises of ECHS Polyclinic and within 24 hr if ALC is located within municipal limits in which concerned ECHS PC was located. Minimum discount from MRP was 15% but the vendor with maximum discount was to be selected based on the laid down procedure.

(b) Based on the ground challenges, the conditions of empanelling ALC were further relaxed vide GoI (MOD) letter No 22D(01)/2016/E/D(Res-1) dt 25 Jun 18 wherein medicines could be provided within 72 hr when ALC was located outside municipal limits. Jan Aushadhi Stores were deemed empanelled as additional entity to provide NA medicines. Bank Guarantee & Turnover clauses have also been relaxed substantially.

(c) Polyclinic wise monetary ceiling for monthly expdr are as under :

(i)	Type A & B.	Rs 2.5 Lakhs.
(ii)	Type C.	Rs 1.5 Lakhs
(iii)	Type D.	Rs. 1 Lakh.

(d) The monetary ceiling can be further enhanced by sanction of MD ECHS as per procedure as authorised in our letter No B/49762/AG/ECHS/Medical Policy dt 07 Jan 19. For this, the case has to be initiated by controlling Station HQs.

(e) Focus of medicines supply will continue to remain on 'curative segment'.

5. **Provision of Medicines & Consumables on Reimbursement Basis to ECHS Beneficiaries if 'NA' with Polyclinic.**

(a) The said provision has been approved by GoI (MOD) vide letter at Para 1 above. Separate provisions exist for 'Special Conditions' and 'General Conditions' which have been covered in succeeding paras.

(b) **'Special Conditions' for Reimbursement of NA Medicines.**

(i) These are as indicated at Para 6 of Appx to MoD letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 03. The special conditions are :

(aa) Post operative cases for major Cardiac Surgery/ Interventional Cardiology. (ab) Oncology

(ac) Post operative organ transplant cases. (ad)

Post operative joint replacement cases.

(ae) Post operative major Neurosurgical/ Neurology cases.

(ii) **Provision for Reimbursement for 'Special Conditions' at a Time.**

(aa) **Non Cancer Drugs.**

(aaa)	**Upto No of Days.**	30.
(aab)	**Financial Limit.**	Upto Rs 75,000.00 (Rupees Seventy Five Thousand).

(ab) **Cancer Drugs.**

(aba)	**Upto No of Days.**	30.
(abb)	**Financial Limit.**	Upto Rs 2,00,000.00 (Rupees Two Lakhs).

(c) **General Conditions' for Reimbursement of NA Medicines.**

(i) All conditions except those covered at Para 5(b)(i) above will be treated as 'General Conditions'.

(ii) **Provision for Reimbursement of Medicines for 'General Conditions' at a Time.**

(aa)	**Upto No of Days.**	15.
(ab)	**Financial Limit.**	Upto Rs 25,000.00 (Rupees Twenty Five Thousand).

6. **Procedure.**

(a) When an ECHS beneficiary reports to an ECHS Polyclinic for OPD treatment or after discharge from Servicel Govt Empanelled Hospital for collection of medicines and consumables, ECHS Polyclinic will provide the medicines and consumables from SEMO/SEDO supplied resource as available in ECHS Polyclinic.

(b) If the medicine is 'NA', attempt will be made to provide the same through ALC and/ or Jan Aushadhi Stores empanelled.

(C) If the medicine is 'NA' from ALC as well, NA certificate will be issued as per enclosed format (Encl 2) by OIC PC. Vitamins and supplements should not be included in 'NA' certificate.

(d) While issuing the NA certificate, OIC Polyclinic should ensure that the certificate has the names of the medicines in 'generic form' salt details preferably. Branded drugs if prescribed should be supported with due medical justification by the prescribing doctor. The OIC PC should ensure that no substitute of the same is available in the generic form before issuing NA certificate for branded drugs.

(e) Medicine bill has to be in the name of ECHS beneficiary as given in ECHS card of the beneficiary. Any variation will make the claim 'Null & Void'.

(f) NA should be given for minimum No of days (subject to stipulation as per Para 5 above) by which assured availability of medicines through SEMO/ SEDOI ALC can be issued to the patient viz if a patient requires medicines for 15 days but availability of needed medicines can be ensured after five days, NA will be given for five days only. It would be the responsibility of the PC to inform the ESM via SMS or telephonically, when the medicines are available in PC, in order to ensure that ECHS beneficiary is not made to run around. A fine balance between financial probity and inconvenience to ECHS beneficiary has to be maintained.

(g) Bills will be processed as individual reimbursement bill through dependant Polyclinic and paid by concerned Regional Central by funds allotted under Code Head 365/00.

(h) List of Documents to be submitted to OIC of parent PC for processing of the claim:

(i) Copy of ECHS Card.
(ii) Prescription Slip.
(iii) NA certificate as per Encl 2.
(iv) Bill
(v) Copy of cancelled cheque with bank details.

(j) **Duties of OIC PC.**

(i) OIC PC will verify the following things:

(aa) Individual details to be verified with smart card database.

(ab) Medicines in the bill are the same as written in NA certificate.

(ac) The No of days for which the medicine is purchased is the same as endorsed in NA certificate. Bills submitted are within laid down limits based on Special/ General Conditions.

(ad) Bill should include GST/TIN.

(ii) Upload the bill though UIT-BPA as individual reimbursement bill.

7. This policy will come in force wef 30 Jan 19 from the date of issue of Govt letter at Para 1 above.

8. This has approval of MD ECHS.

(DKDubey)

Gp Capt
OffgDir(Med)
for MD ECHS

Encls: As above.

Copy to:

MOD (DOESW)	-	for info wrt your letter at Para 1 above. CGDA - for info wrt mode and Code Head of Budget. Olo DGAFMS
AG Branch DGDC&WSecttDGMS (Army) DGMS (Navy) DGMS (Air) DGDS	-	forinfopl.
UTI-BPA	-	for processing of bills as per Govt policy and instructions contained in this letter.

Internal

All Secs	-	S&A Sec for uploading on ECHS website and informing UTI BPA.

Enclosure 1

Refer to Para 1

No.22D(01)/2016/WE/D(Res-1)
Government of India Ministry of Defence
(Department of Ex-Servicemen Welfare) Room No. 221, B Wing,
Sena Bhavan, New Delhi.

Dated 30th January, 2019

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : Supply of Medicines to ECHS Beneficiary and amendment to Provision regarding Authorised Local Chemist (ALC).

Sir,

1. In continuation of MoD letter of even no. Dated 25-6-2018 the sanction of the Competent Authority in MoD is conveyed for re-imbursement of medicines and consumables in respect of ECHS beneficiaries for maximum period of 15 days at a time subject to maximum value of medicines and consumables not exceeding Rs. 25,000/- each time under general conditions and 30 days at a time subject to maximum value of medicines and consumables not exceeding Rs.75,000/- each time except in case of cancer drugs where the maximum value of medicines and consumables would be Rs. 2,00,000/- each time under special conditions. This would be further subject to obtaining Non Availability Certificate (NAC) from OIC ECHS, Polyclinic. The special conditions would be as indicated in para 6 of Appendix to MOD letter No.24(8)/03/US(WE)/D(Res-I) dated 19-12-2003.

2. This issues with the concurrence of Defence (Finance/Pension) vide their UO No. 10(3)/2016/Fin/Pen dated 17-1-2019.

Yours faithfully

(A.K. Karn)
Under Secretary to Govt of India

Copy to :

1. CGDA, New Delhi
2. DGADS, New Delhi
3. SO to Defence Secretary /PPS to Secretary, ESW
4. PPS to AS(T)/PPS to AS(1)
5. Addl FA (RK) & JS
6. JS (ESW)/JS/(O/N)
7. Director(Finance/AG)
8. DFA (B)/DFA(N)/DFA (Air Force)
9. AFA (B-1)
10. D(Works)/D(Mov)/D(Med)
11. O&M Unit

Enclosure2 (Refer to Para 6(c))

NA CERTIFICATE

1. No _____ Rank _____ Name _____
ECHS Card No _____ is an eligible ECHS beneficiary.

OR

Name _____ ECHS card No is an eligible ECHS beneficiary and is Wife/Husband/Son/ Daughter/ Brother/ Sister/ FATHER/ Mother of No _____ Rank _____
Name _____, ECHS card No _____
_, Aadhar Card No _____.

2. The following medicines are 'Not Available' in ECHS Polyclinic _____
On _____ dependent on SEMO(ISEDO as the case may be)
_____.

Ser No	Medicinename (withsalt name)	Frequencyof Consumption	No of days	Remarks
(a)				
(b)				

3. The above medicines cannot be provided through ALC as well.

4. This medicine forms part of Special Condition'/ 'General Conditions' (Score out which is not applicable).

5. Individual is permitted to purchase and claim reimbursement of above medicines for _____ (No of days) with financial limit as laid down.

Sign of OIC Pharmacy
At ECHS PC (with date)

Sign of Medical Offr
(with date)

Sign of OIC PC
(Stamp with date)

Tele: 25683476
ASCON: 36833

Central Organisations ECHS
Integrated HQ of MOD (Army)
Adjutant General's Branch
Thimayya Marg
NearGopinath Circle
Delhi Canti-110010

B/49773/AG/ECHS/Dental/Policy.

05 Sep 2019

IHQ of MOD (Navy) (SO ECHS)
DAV Subroto Park
HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (AECHS)
Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South West Comd (A/ECHS)
HQ Andaman & Nicobar Comd (A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

REVISEDSCALEOFMEDICAL EQUIPMENT (DENTAL)FORECHS POLYCLINICS

1. Pl ref the following:
   (a) Gol, MoD letter No 22D(01)/2012-(WE)/D(Res) dt 18 Dec 2012.
   (b) Gol, MoD letter No 22D(08)/2018-D(WE/Res-1) dt 08 Aug 2019 (copy encl)

2. The existing ME Scale of ECHS Polyclinics as per letter at para 1(a) above is amended a revised (for dental egpts only, serial from 130 to 225) vide Gol, MoD letter No 22D(08)/201 D(WE/Res- 1) dt 08 Aug 2019. The amendments/revision of the ME Scale for ECHS Polyclinics is f the Dental eqpts, no changes for the rest of the ME Scale for ECHS Polyclinics.

3. The new authorised ME Scale (Non Expendable stores) for Dental clinics of ECHS Polyclini would now be as per the Gol, MoD letter No 22D(08)/2018-D(WE/Res-1) dt 08 Aug 2019.

4. All Regional Centre only: To ensure the following:-

   (a) To intimate all PCs under your AOR.

   (b) All indents for Dental Clinics of ECHS PC (for Dental Non Exp stores) are to be place to dependent AFMSDs, by OIC PC, as per the revised/amended ME Scale (Dental) for ECH Polyclinics.

   (c) Only eqpts/items not held by the Polyclinics are to be demanded as initial deficien indents from their dependent AFMSDs.

   (d) Noindents to be placed by the PCs for eqpts/items already held by them to avo duplicity.

5. For your info and necessary action please.

(Anupam N Adhaulia)
Col
Dir (Med)
for MD ECHS

Encls:As above

Copy to:-

US(WE)
PS to JS ESW
PPS to Secy (ESW) - for info please
CGDA, New Delhi

O/o DGAFMS DGMS
(ARMY) DGMS(Navy)
DGMS(Air) - forinfoplease
DGDS

AFMSDDelhi Cantt AFMSD
Lucknow AFMSD Mumbai
AFMSD Pune

Internal:-

All Sec - for info please
Stats & Automation Sec - for uploading on ECHS Website.

No. 22D(08)/2018-D(WE/Res-I)
Government of India
Ministry of Defence
D/o Ex-Servicemen Welfare
D(WE/Res-I)

221, B-Wing, Sena Bhawan, New Delhi,

Dated 08 August, 2019

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject:- Revised Scale of Medical equipment (Dental) ECHS Polyclinics.

Sir,

1. With reference to Govt. of India, Ministry of Defence letter No. 22D(18)/09/ US(WE) /D(Res-I) / Pt.-I dated 13th April, 2010 and letter No. 22D(01)/2012/WE/ D(Res-I) dated 18th December, 2012, I am directed to convey the sanction of the Government for amendment for scales of Medical equipment for ECHS Polyclinics (For Dental) as given in Appendix attached. The new authorization for dental equipment of ECHS Polyclinic will be as per the amended

2. This has the concurrence of Ministry of Defence (Finance/Pension) vide their U.O. No. 32(41)/2017/Fin/Pen dated 25.06.2019.

Yours faithfully,

(A K Kam)
Under Secretary
to the Govt. of India
Tel/Fax: 2301 4946

Copy to:

1. CGDA, New Delhi – For dissemination to all PCDA's/CDA's.
2. MD, CO, ECHS
3. JS (ESW)
4. Addl. FA (RK) & JS
5. DFA, MOD(Fin/Pen)
6. DGAFMS
7. DGDS
8. All Command HQ
9. Navy HQ (PS Dte.)
10. AG Branch/CW-3
11. Air HQ (PS &R)

SCALE OF MEDICAL EQUIPMENT FORECHS POLYCLINIC (DENTAL REVISED)

Appx

SR NO.	PVMS SEC.	PVMS NO	NOMENCLATURE	SCALE					Per	Rate
				Type A	Type B	Type C	Type D	Remarks		
1	10	100126 10012601-2608 10012601	Dental unit compact complete with cetails are as under Electrically controlled paniographic dental chat with integrated LED operating light, footresi, stainless steel instrument tray, micromotor, air rotor ultrasonic scaler and dual control panel for control of functions (operator and assistant side) spittoon and tumbler with water connection, high and low vacuum suction and three way syringe and controls for micromotor, ait rotor ultrasonic scaler along with accessories enlisted PVMS. Pneumatic Dental operator stool with back resi on five castor wheels	2	2	1	1	1perDental Surgeon	A/U	500000
		10012602	LEDCuring light							
		10012603	Heavy duty servo stabllizer (2KVA)							
		10012604	RAHP for micromotor - 01							
		10012605	SHP for micromotor - 01							
		10012606	SuperTorquefiber optic HP for Airotor-01							
		10012607	Spare cartridge for super torque HP							
		10012608	Aircompressor noiseless compatible with unit							
2	10	100110	Autoclave, front lcading table top, Class 'B'	2	2	1	1	1 per Dental Chair	A/U	300000
3	10	100218	HandHeldbattery operated DC Dental X Ray unit.	2	2	1	1	1perDental Surgery	A/U	225000
4	10	100223	Ultrasonic cleaner	2	2	1	1	1perDental Surgery	A/U	45000
5	10	100997	Sterlizer Glass Bead	2	2	1	1	1perDental Surgeon	A/U	1500
6	10	100959	Instrument plastic double ended, contoured blade.	8	8	4	4	4perDental Surgeon	A/U	30
7	10	100996	Stand Perforated covered for reamers for 50-60 instruments.	2	2	1	1	1perDental Surgeon	A/U	500
8	3	30101	Cabinet instruments overall dimension 160cm X 66cm X 45cm complete with accessories enlisted PVSM 3010101 to 05	2	2	1	1	1 per Dental Chair	A/U	5000
9	5	50270N	Syringe and Needle destroyer	2	2	1	1	1 per Dental Chair	A/U	3000
10	10	100527	Surgicalmicro-motorwith implant placement features	1	1	1	1	1 per Dental Clinic	A/U	60000
11	10	100225	Water distiller	2	2	1	1	1 per Dental Chair	A/U	8000
12	3	30215	Table instrument folding light SS with two SS shelves complete	2	2	1	1	1 per Dental Chair	A/U	4400
13	10	100984	Matrix retainer SS (Ivory pattern) complete	2	2	1	1	1 per Dental Chair	A/U	250
14	5	50089	Forceps Artery Straight 14 cm	2	2	1	1	1 per Dental Chair	A/U	19
15	5	50171	Knife Bard packer, handle size 1 fitting (Commercial No.5) for use withcommercial blade No 10,11,12 and 15	2	2	1	1	1 per Dental Chair	A/U	20

16	10	100519	Elevatorperiostealmedium (Sterlina V Mead)	2	2	1	1	1per Dental Chair	A/U	650
17	10	100588	Syringe Hypodermic cartridge type	6	8	4	4	4perDental Surgery	A/U	80

SR NO.	PVMS SEC.	PVMS NO	NOMENCLATURE	SCALE					Per	Rate
				Type A	Type B	Type C	Type D	Remarks		
18	10	100552	Forceps Rongeur stainless steel no. 3	2	2	1	1	1per Dental chair	A/U	3000
19	10	100511	Curettebone. Lucas double ended Small	2	2	1	1	1per Dental chair	A/U	250
20	10	100534	File alveolectomy double ended SS	2	2	1	1	1per Dental chair	A/U	2000
21	10	100586	Sterlizer, steam drum large for	4	4	2	2	2 per Dental chair	A/U	250
22	5	50120	Forceps, sterilizer (Cheatle)	2	2	1	1	1per Dental chair	A/U	51
23	5	50127	Forceps towel holding cross action	8	8	4	4	4per Dental chair	A/U	9
24	10	100146	Holder Cotton wool SSICP, height 4.5 cms, diameter 5 cms	4	4	2	2	2per Dental chair	A/U	125
25	10	100161	Mirror mouth plain class., handle for	50	50	25	25	25perDental Clinic	A/U	60
26	10	100176	Explorer Dental Double ended	50	50	25	25	25perDental Clinic	A/U	100
27	10	100203	Tweezers College	50	50	25	25	25perDental Clinic	A/U	200
28	10	100193	Spatula steel cement double ended 16.5 cm	4	4	2	2	2 per Dental chair	A/U	200
29	10	100394	Mandrel and polishing tip holders set of 3. cylindrical tapering and screw- head	2	2	1	1	1 per Dental chair	A/U	400
30	10	100408	Pliers Pin roughening and bending	2	2	1	1	1 per Dental chair	A/U	530
31	10	100931	Carrier amalgam, angled	4	4	2	2	2 per Dental chair	A/U	450
32	14	140067	Tray SS Shallow size 35cm X 30cm with cover	2	2	1	1	1 per Dental chair	A/U	450
33	14	140065	Tray SS kidney-shaped 25cm.	6	6	3	3	3 per Dental chair	A/U	35
34	14	140004	Bowl SS 10cm	2	2	1	1	1 per Dental chair	A/U	30
35	10	100226	X-ray film holding instrument for long and short cone and bite wing technique, Rinn type	2	2	1	1	1 per Dental chair	A/U	15000
36	5	50257	Scissors shop 23.5 cm long carbon steel chromium plated (lister type)	2	2	1	1	1 per Dental chair	A/U	105
37	10	100687	Tray impression assorted moldable aluminium orthodontic, set of 10, should be colour coded or numbered.	2	2	1	1	1 per Dental chair	A/U	2000
38	10	100114	BrushBur, hard wire brass	4	4	2	2	2 per Dental chair	A/U	40
39	10	100113	Bowl rubber for plasier, large	4	4	2	2	2 per Dental chair	A/U	45
40	10	100194	Spatula blunt for plaster and alginate mixing	2	2	1	1	1 per Dental chair	A/U	200
41	10	100151	Knife plaster	2	2	1	1	1 per Dental chair	A/U	50
42	10	100152	Knife wax large (Fahanstocks)	2	2	1	1	1 per Dental chair	A/U	30
43	14	140034	Jugmeasure plastic graduated 1000 ml.	2	2	1	1	1 per Dental chair	A/U	100
44	5	50092	Forceps, Artery mosquito, curved on flat, 12.5 cm box joint, stainless steel	4	4	2	2	2 per Dental chair	A/U	86
45	5	50105	Forceps, dissecting serraied (fig. 1) 13 cm	4	4	2	2	2 per Dental chair	A/U	15
46	5	50185	Needleholder, combined with scissors, 16 cm	4	4	2	2	2 per Dental chair	A/U	15

47	10	100159	Radiovisiography Unit complete with monitor, CPU and accessories	2	2	1	1	1 per Dental chair	A/U	200000
48	10	100163	Intra oral camera	2	2	1	1	1 per Dental chair	A/U	20000
49	3	30147	Fumigating machine	1	1	1	1	1 per Dental chair	A/U	20000
50	10	100308	Pneumatic Crown remover spring loaded with 04 tips land double loop wire	2	2	1	1	1 per Dental chair	A/U	2048

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SR NO.	PVMS SEC.	PVMS NO	NOMENCLATURE	SCALE					Per	Rate
				Type A	Type B	Type C	Type D	Remarks		
51	10	101021	Cordless endodontic hand piece with integrateable Apex locator	2	2	1	1	1 per Dental chair	A/U	275000
52	5	50316	Tubing, drainage, rubber, reo 10mm int diameter 2.50mm wall thickness	4	4	2	2	2 per Dental chair	A/U	6
53	10	100130	Callipse Vernier dental	2	2	1	1	1 per Dental chair	A/U	1000
54	10	100141	File half round 12.7cms Bastard Pattern with nancle	4	4	2	2	2 per Dental chair	A/U	20
55	10	100174	Plate boiling electric complete with insulated top	2	2	1	1	1 per Dental chair	A/U	1450
56	10	100189	Sanitary wastereceptacle with stainless steel body	2	2	1	1	1 per Dental chair	A/U	450
57	10	100305	Articulator Hinge type metal	4	4	2	2	2 per Dental chair	A/U	250
58	10	100306	Articulator free plane	4	4	2	2	2 per Dental chair	A/U	220
59	10	100325	Wax Carver and spatula	2	2	1	1	1 per Dental chair	A/U	150
60	10	100367	Flask empire fig 4 metal	8	8	4	4	4 per Dental chair	A/U	220
61	10	100384	Lathe dental water frough for, with splash shield and light.	2	2	1	1	1 per Dental chair	A/U	500
62	10	100385	Lathe dental trough for pumice	2	2	1	1	1 per Dental chair	A/U	10000
63	10	100404	Pliers Lab collar	2	2	1	1	1 per Dental chair	A/U	4150
64	10	100413	Press Flask Heavy duty complete	2	2	1	1	1 per Dental chair	A/U	85
65	10	100568	Hammer, Small 225G head	2	2	1	1	1 per Dental chair	A/U	3000
66	10	100386	Lathe electric polishing and grinding (Rathbone) complete AC 220-230V with accessories	2	2	1	1	1 per Dental chair	A/U	12500
67	10	100454	Acrylizer, with Digital Programming	2	2	1	1	1 per Dental chair	A/U	38000
68	10	100456	De waxing bath	2	2	1	1	1 per Dental chair	A/U	70000
69	10	100482	Vacuum mixer	2	2	1	1	1 per Dental chair	A/U	100000
70	16	160055	Burner Bunsen NO-B1 for use with PV 160172	2	2	1	1	1 per Dental chair	A/U	6.65
71	10	100639	Heavy wire cutter up to 1.2mm hard wire	2	2	1	1	1 per Dental chair	A/U	5000
72	10		Blow pipe	2	2	1	1	1 per Dental chair	A/U	
73	10	100440	Trimmer and Angulator model complete	2	2	1	1	1 per Dental chair	A/U	15000
74	10	100217	Occlusal Plane Guide(Fox pattern)	2	2	1	1	1 per Dental chair	A/U	300
75	10	100383	Laboratory Chair No 5 rollers with back rest pneumatic adjustable	1	1	1	1	1 per Dental Clinic	A/U	2000
76	10	100439	Tongs Flask lifting	1	1	1	1	1 per Dental Clinic	A/U	23
77	10	100470	Micromotor brushless heavy duty for lab	1	1	1	1	1 per Dental Clinic	A/U	75000
78	10	100960	Instrument, plastic filling double ended 10 mm blade	2	2	1	1	1 per Dental chair	A/U	30

SR NO.	PVMS SEC.	PVMS NO	NOMENCLATURE	SCALE					Per	Rate
				Type A	Type B	Type C	Type D	Remarks		
79	10	100961	Instrument plastic filling 1	2	2	1	1	1 per Dental chair	A/U	30
80	10	100962	instrument plastic filling double ended for packing	2	2	1	1	1 per Dental chair	A/U	30
81	10	100969	Instrument filling surface treated for reduced stickiness Set of 6	2	2	1	1	1perDental Surgeon	A/U	8000
82	10	100971	Light Cure Unit LED Cordless with curing light output for fast curing range of 1200-1400 NwiCm2	2	2	1	1	1perDental Surgeon	A/U	55000
83	10	100986	Outfit matrix retainer SS (Sloveland)	2	2	1	1	1perDental Surgeon	A/U	60
84	10	100132	ExcavatorDouble ended No. 73/74	2	2	1	1	1perDental Surgeon	A/U	350
85	10	100133	Excavator Double ended No. 125/26	2	2	1	1	1perDental Surgeon	A/U	350
86	10	100134	Excavator Double ended No. 129/30	2	2	1	1	1perDental Surgeon	A/U	350
87	10	100135	Excavator Double ended No. 155/156	2	2	1	1	1perDental Surgeon	A/U	350
88	10	100136	Excavator Double ended No. 212/213	2	2	1	1	1perDental Surgeon	A/U	350
89	10	100216	Self retaining cheek retracior plastic(Set of 2)	2	2	1	1	1perDental Surgeon	A/U	1500
90	10	100963	"Instrument plastic filling, double ended. (Wallis)	2	2	1	1	1perDental Surgeon	A/U	30
91	10	100520	Elevaior Periosteal (Molt)	4	4	2	2	2perDental Surgeon	A/U	1800
92	10	100521	Elevator (Coleman's)	4	4	2	2	2perDental Surgeon	A/U	650
93	10	100522	Elevator Root (Hospital pattern) Fig 22 (Left and Right)	4	4	2	2	2perDental Surgeon	A/U	1300
94	10	100524	Elevator Root Lindolevien small	4	4	2	2	2perDental Surgeon	A/U	650
95	10	100525	Elevator Root Apical (left)	4	4	2	2	2perDental Surgeon	A/U	650
96	10	100526	Elevator Root Apical (Right)	4	4	2	2	2perDental Surgeon	A/U	650
97	10	100535	Forceps Mandible holding SS	4	4	2	2	2perDental Surgeon	A/U	2000
98	10	100536	Forceps extracting tooth stainless steel for upper Incisors, Cuspids & small Molars	4	4	2	2	2perDental Surgeon	A/U	300
99	10	100537	Forceps Tooth No 29	4	4	2	2	2perDental Surgeon	A/U	2500
100	10	100538	Microsurgical forceps tissue holding straight for periodontal surgery	4	4	2	2	2perDental Surgeon	A/U	1000
101	10	100539	Forceps Tooth No 41	4	4	2	2	2perDental Surgeon	A/U	2500
102	10	100540	Forceps, Tooth, No 44	4	4	2	2	2perDental Surgeon	A/U	2500
103	10	100541	Forceps, Tooth, No 67	4	4	2	2	2perDental Surgeon	A/U	2500
104	10	100542	Forceps, Tooth, No 73	4	4	2	2	2perDental Surgeon	A/U	2500
105	10	100543	Forceps, Tooth, No 74N	4	4	2	2	2perDental Surgeon	A/U	2500
106	10	100544	Forceps extracting Tooth No 7SS (for upper small molars)	4	4	2	2	2perDental Surgeon	A/U	3000
107	10	100545	Forceps, Tooth No 76N (Read's pattern)	4	4	2	2	2perDental Surgeon	A/U	2500
108	10	100546	Forceps, Tooth, No 79?	4	4	2	2	2perDental Surgeon	A/U	2500
109	10	100547	Forceps, Tooth No 91 (Rowney's pattern)	4	4	2	2	2perDental Surgeon	A/U	2500
110	10	100548	Forceps, extracting, Tooth No 17 Stainless Steel (for right upper large molars)	4	4	2	2	2perDental Surgeon	A/U	25000

111	10	100549	Forceps Extracting, Tooth, No 18, Stainless steel (for left upper large molars)	4	4	2	2	2perDental Surgeon	A/U	2500

SR NO.	PVMS SEC.	PVMS NO	NOMENCLATURE	SCALE					Per	Rate
				Type A	Type B	Type C	Type D	Remarks		
112	10	100550	Forceps, Tooth 112 (Martin's pattern)	4	4	2	2	2perDental Surgeon	A/U	2500
113	10	100551	Forceps, Rongeur, Stainless steel No 1	4	4	2	2	2perDental Surgeon	A/U	2500
114	10	100553	Forceps, Tooth, children pattern Fig 37	4	4	2	2	2perDental Surgeon	A/U	3000
115	10	100554	Forceps, Tooth children pattern Fig 38	4	4	2	2	2perDental Surgeon	A/U	3000
116	10	100555	Forceps, Tooth children pattern Fig 39	4	4	2	2	2perDental Surgeon	A/U	3000
117	10	100556	Forceps, Tooth children pattern Fig 40	4	4	2	2	2perDental Surgeon	A/U	3000
118	5	50264	Scissor surgical curved, blunt, pointed, 11.5 cm	2	2	1	1	1perDental Surgeon	A/U	62
119	5	50265	Scissor surgical straight, sharp, pointed 11.5 cm	2	2	1	1	1perDental Surgeon	A/U	62
120	5	50090	Forceps, Artery Curved on flat 12.5 cm	2	2	1	1	2 per Dental Chair	A/U	27
121	10	100567	Sterilizer, steam drum small for	4	4	2	2	4 per Dental Chair	A/U	250
122	5	50126	Forceps towel holding	8	8	4	4	1 per Dental clinic	A/U	9
123	5	50128	Forceps towel holding single tooth	2	2	1	1	1 per Dental Chair	A/U	23
124	10	100710	Curettes gracey set consisting of SG 1/2 SG3/4 SG 5/6, SG 7/8, SG 9/10, SG 10112 SG 13/14	2	2	1	1	1 per Dental Chair	A/U	6000
125	10	100757	Scalersickle shaped Darby Parry Fig 12	2	2	1	1	1 per Dental Chair	A/U	150
126	10	100758	Scaler , Tungsten Carbide No 212	2	2	1	1	1 per Dental Chair	A/U	1200
127	10	100759	Scalerbalanced grip Cushings Fio 62	2	2	1	1	1 per Dental Chair	A/U	750
128	10	100761	Scaler, single ended Fio 66 (Howes)	2	2	1	1	1 per Dental Chair	A/U	750
129	10	100762	Scaler, single ended Fic 67 (Howes)	2	2	1	1	1 per Dental Chair	A/U	950
130	10	100763	Scaler, Tungsten carbide. No 210	2	2	1	1	1 per Dental Chair	A/U	800
131	10	100766	Scaler Double ended Fio -52A	2	2	1	1	1 per Dental Chair	A/U	750
132	10	100767	Scaler. Tungsten carbide. No 213	2	2	1	1	1 per Dental Chair	A/U	800
133	10	100768	Scaler, Tungsien, carbide No 211	2	2	1	1	1 per Dental Chair	A/U	800
134	10	100769	Scaler Balanced grip Jacouetts Fig 2	2	2	1	1	1 per Dental Chair	A/U	750
135	10	100775	Scalerbalanced grip Jacouettes fig 3	2	2	1	1	1 per Dental Chair	A/U	800
136	14	140064	Tray SS Deep, size 45cm x 30 cm	2	2	1	1	1 per Dental Chair	A/U	450
137	14	140006	Bowl stainless steel. 25 cm	2	2	1	1	1 per Dental Chair	A/U	70
138	14	140068	Tray, SS, shallow, size 27.50 cm x 22.50 cm with cover	2	2	1	1	1 per Dental Chair	A/U	350
139	10	101052	Stainless steel non-perforated complete anatomical impression trays with rim lock for edentulous arches upper and lower sizes 0.1 & 5 set of 06	4	4	2	2	2 per Dental Chair	A/U	1800 per set (approx)
140	10	101053	Stainless steel non-perforated complete anatomical impression trays with rim lock for edentulous arches upper and lower sizes 2. 3 & 4 set of 06	4	4	2	2	2 per Dental Chair	A/U	1800 per set (approx)
141	10	101054	Stainless steel perforated complete anatomical impression trays with rim lock for edentulous arches | upper and lower sizes 1, 2 & 3 set of 06	4	4	2	2	2 per Dental Chair	A/U	1800 per set (approx)
142	10	101055	Stainless steel perforated complete anatomical impression trays with rim lock for edentulous arches | upper and lower sizes 0, 4 & 5 set of 06	4	4	2	2	2 per Dental Chair	A/U	1800 per set (approx)
143	10	101056	Stainless steel perforated partial anatomical impression trays with rim lock for edentulous arches upper right left and central sizes 2 & 4 set of 06	4	4	2	2	2 per Dental Chair	A/U	1800 per set (approx)

144	10	101057	Stainless steel perforated partial anatomica impression trays with rim lock for edentulous arches lower right left and central sizes 2 & 4 set of 06	4	4	2	2	2 per Dental Chair	A/U	1800 per set (approx)
145	10	100371	Flask denture light weight alloy 3 parts complete with ejection plate and ejection plug	8	8	4	4	4 per Dental Chair	A/U	600

Tele: 25683476
ASCON: 36833

Central Organisations, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
NearGopinathCircle Delhi
Cantt-110010

B/49761/AG/ECHS/Medicine Policy

08 Nov 2019

IHQ of MoD (Navy)/Dir ECHS (N) DAV
Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Cental Command (A/ECHS)
HQ Northern Command (A/ECHS)
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HQ Andaman & Nicobar Command(A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

AMENDMENT TO EXECUTIVE INSTRUCTIONS : PROCEDURE FOR RE-IMBURSEMENT OF MEDICINES AND CONSUMBALES TO ECHS BENEFICIARIES

1. Ref Central Org ECHS letter No B/49762/AG/ECHS/Medicine Policy dt 08 Apr 2019. Fwg amendments are being done to simplify the reimbursement procedure based on feedback from envt.

2. The fwg docu will be required for reimbursement of medicines and consumables:

   (a) There will be no requirement of a separate NA certificate. Since the prescription holds all the details, the same will be treated as NA certificate. The prescription will be signed by Pharmacist and countersigned by OIC PC after issuing the available medicines and NA medicines will be indicated on the prescription only.

   (b) Thebill formedicines purchased by the ESM should be in the name of ECHS beneficiary as given in ECHS card.

   (c) A cancelled cheque/photocopy of the same to be submitted, if the ESM is claiming the bill for the first time. The same is not required subsequently. The onus of ensuring correct bank details will rest with the ESM.

3. Vitamins and supplements (incl adult diapers) to be included in prescription slip ONLY if they are prescribed for some ailment/disease as primary treatment.

4. The veterans are allowed to submit a consolidated bill for the complete duration of NA (each NA will however not exceed 15/30 days as specified under gen/special condition).

5. Balance documents such as copy of ECHS card, NA certificate with signature of three officers, individual contingent bill, revenue stamp and file cover etc will be done away with.

Procedurefor processing NA Medclaim by OICPC:

(a) OIC PC to prepare a consolidated Contingent Bill once every fortnight & fwd it to RC after digitally signing the same (by OIC & OIC ECHS Cell) via email or submitting on hard copy

(b) Hard copies of bills of all claims mentioned in the contingent bill to be submitted to the RC by the 30th of every month to enable processing for audit.

(c) Format of Contingent Bill (PCwise) is att as per appx to this letter

7. These amendments shall come to effect forthwith and pending bills will also be governed by this procedure. This has the approval of MD, CO ECHS.

(Anupam N Adhaulia)
Col
Dir (Med)
for MD ECHS

Copy to: - MoD
(DoESW) CGDA
Office of the DGAFMS, DG-2 (Pig) Ministry of Defence,
'M' Block, New Delhi

Adjutant General's Branch (AG Sectt)
IHQ of MoD (Army), New Delhi-110011 for info pl.

DG DC&W Sectt
DGMS (Army) DGMS
(Navy) DGMS (Air)
DGDS
UTI-BPA - for processing of bills as per Govt policy and instructions contained in this letter.

Internal
All Secs - S&A Sec for uploading on ECHS website and informing UTI-BPA.

Appx to CO ECHS letter No
B149761/AG/ECHS/Medicine Policy dt Nov 2019

SOF REIMBURSEMENT OF NA MEDICINE IN RIO ECHS POLYCLINIC, FOR THE MONTH OF

DET

S. No	Name of SNESM	Name of Patient	ECHS Card No	Duration of NAC in days	NA Medicine Bill No and Date	Amt Claimed	Amt Admitted	Bank Acct No	Payee Name	IFSC Code	Bank Name	Bank Address	Mob No

Certificate: -

It is certified that above mentioned NA medicine bills personally checked by me and found correct and I shall be responsible for settlement of an audit objection arising in future.

Sig of OIC_____ Sig of OIC ECHS Cell_____

Tele: 25683476
ASCON: 36833

Central Organisations, ECHS
Integrated HQ of MoD (Army)
AdjutantGeneral's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS

09 Dec 2019

HQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Cental Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS). AMA ECHS,
Embassy of India, Nepal
All Regional Centres

EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY

1. Please ref to the followings:
   (a) GoI (MoD/DOESW) letter No 24(8)03/US(WEYD (Res) dated 19 Dec 2003.
   (b) GoI (MoD/DoESW) letter No 22A(37)2018/WE/D(Res-1) dated 15 Jan 2019
   (c) GoI (MoD/DoESW) letter No 18(114)/2017/WE/D(Res-1) dated 18 Sep 2019.
   (d) Central Org ECHS letter No B/49761/AG/ECHS/Policy dated 31 May 2018.
   (e) Central Org ECHS letter No B/49761/AG/ECHS/Policy dated 31 Jul 2018.
2. The following amendments is made in Para 2 of CO ECHS letter as quoted in Para 1(d) above.

For

Para 02:- The responsibility of providing Domiciliary Medical Equipment to ECHS Beneficiaries and their dependents which was earlier with Stn HQ, will now rest with the SEMOS (Commandant/CO Service Hospital) whose specialists have recommended the equipment. The cost of the equipment will not exceed CGHS rates

Read

Para 02:- The responsibility of providing Domiciliary Medical Equipment to ECHS Beneficiary and their dependants which was earlier with Stn HQ, will now rest with SEMO (Commandant/Co Service Hospital) when use of such equipment's is considered absolutely essential on medical grounds on recommendation of the Service Specialist/Government Hospital Specialist. The cost of the equipment will not exceed CGHS rates.

3. Domiciliary Medical Equipment other than those mentioned in Para 3 of CO ECHS letter as quoted in Para 1 above, like Insulin pump etc which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and are recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt Hospital Specialist will require prior sanction of the High Power Committee conciliated vide Para 5 of GoI (MOD/DOESW) letter as mentioned in Para 1(b) above. Composition of the High Power Committee would be as under:

(a) JS, ESW	-	Chairman
(b) Government Hospital Specialist Doctor of concerned specialty)	-	Member
(c) Director/DS/US, DOESW	-	Member
(d) Director (Medical), CO ECHS	-	Member-Secretary
(e) Representative of MoD (Fin/Pen)	-	Member

4. Oncesanctioned, the equipment will be provided through the dependent SEMO.

5. **Individual Reimbursement : Grant of Prior Sanction:-** The provision for prior sanction and subsequent individual reimbursement has been accorded by MOD for Domiciliary Medical Equipment advised by Service Specialist/Government Hospital Specialist and not available with the SEMO:-

(a) **Domiciliary Medical Equipment for which Ceiling rate are available:-** Individual request for prior approval alongwith supporting documents and Non Availability (NA) certificate will be forwarded by the OIC Polyclinic (PC) to respective SEMO where the documents will be verified for sanction and reimbursement by SEMO.

(b) **Domiciliary Medical Equipment for which no Ceiling rates are available:-** In such cases the documents will be forwarded by OIC PC through respective RC to CO ECHS for approval of the High Power Committee.

(c) Once sanction for prior permission is obtained, the equipment can be purchased by the ECHS beneficiary and claim submitted to OIC PC who will verify the documents and upload the claim as individual reimbursement on UTI-BPA.

6. The maximum ceiling limit for reimbursement prescribed by CGHS authorities from time to time will be applicable.

7. Rest no change in the letter dated 31 May 2018,

8. This policy will come in force wef 18 Sep 2019 from the date of issue of Government letter as mentioned in Para 1(c) above.

9. This has approval of MD ECHS.

(Anupam N Adhaulia)
Col
Dir

Bs/-* MD ECHS

Encls : As above

Copy to :-

MoD/DoESW	-	for info wit your letter under ref. O/o
DGAFMS		
DGMS Army	-	forinfo DGMS Navy
DGMS Air		
Internal		
Ops & Coord. R&Fc, Claim Sec, C&L	-	for info
Stats & Automation Sec	-	for uploading on ECHS Website

Tele: 25683476

Central Organisations, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS

23 Mar 2020

(All RCs)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEW OF COVID-19

1. In view of the Corona Virus disease (COVID-19), all out efforts are being made to contain the impact of this pandemic by instituting measures at community as well as individual level.

2. Guidelines on maintaining social distancing between individuals has also been advised by WHO. In the spirit of above guidelines, Veterans having life style diseases on long treatment may purchase one month requirement of all medicines based on the prescription held (prescribed by Polyclinic/ Service hosp/ Empanelled hosp) for the month of Apr 2020, irrespective of NA or otherwise. Veterans need not go to Polyclinics to collect the medicines for the month of Apr 2020.

3. One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The bills for reimbursement to be submitted by Veterans after 15 May 2020.

4. This will be implemented with immediate effect till 30 Apr 2020.

5. This has the concurrence of MoD/DOESW.

(Anupam N Adhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :-

MoD (DOESW)	-	for info pl.
Internal		
Ops & Coord, P&FC Sec	-	forinfopl.
C&L Sec, Claim Sec		
S&A Sec	-	for uploading on website and issuenecessary instrs to UTI-ITSL (BPA).

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg, Near Gopinath
Circle, Delhi Cantt- 110010

B/49761/AG/ECHS

24 Apr 2020

(All Regional Centres)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEW OF COVID-19

1. Further to this HQ letter No B/49761/AG/ECHS dated 23 Mar 2020 (copy att).

2. A onetime sanction for purchase of medicines and claim reimbursement was issued till 30 Apr 2020. In view of extended lockdown till 03 May 2020, the veterans having life style/ chronic ailments/ diseases on long treatment may purchase medicines lasting till 31 May 2020 based on the prescription held (prescribed by Polyclinic/ Service hospital/ Empanelled hospital) irrespective of NA or otherwise. Veterans need not go to Polyclinics to collect the medicines till 31 May 2020.

3. One time sanction is hereby accorded to reimburse of above expenditure under individual reimbursement of medical claims. The bills for reimbursement to be submitted by Veterans after 15 Jun 2020.

4. This will be applicable with immediate effect till 31 May 2020.

(Anupam N Adhaulia)
Col
Dir (Med)
for MD ECHS

Encl: As above

Copy to :

MoD(DoESW)CGDA
O/o DGAFMS
AG Branch
DG DC&W Sectt - forinfopl.
DGMS (Army)
DGMS(Navy)DGMS
(Air) DGDS

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL (BPA).

Tele: 25683476

Central Organisations, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg.
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS

23 Mar 2020

(All RCs)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEW OF COVID-19

1. In view of the Corona Virus disease (COVID-19), all out efforts are being made to contain the impact of this pandemic by instituting measures at community as well as individual level.

2. Guidelines on maintaining social distancing between individuals has also been advised by WHO. In the spirit of above guidelines, Veterans having life style diseases on long treatment may purchase one month requirement of all medicines based on the prescription held (prescribed by Polyclinic/ Service hosp/ Empanelled hosp) for the month of Apr 2020, irrespective of NA or otherwise. Veterans need not go to Polyclinics to collect the medicines for the month of Apr 2020.

3. One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The bills for reimbursement to be submitted by Veterans after 15 May 2020.

4. This will be implemented with immediate effect till 30 Apr 2020.

5. This has the concurrence of MoD/DOESW.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :-

MoD (DOESW)	-	for info pl.
Internal		
Ops & Coord, P&FC Sec	-	forinfopl.
C&L Sec, Claim Sec		
S&A Sec	-	for uploading on website and issuenecessary instrs to UTI-ITSL (BPA).

Tele: 25683476
ASCON: 36833

Central Organisations, ECHS
Integrated HQ of MoD (Army)
AdjutantGeneral's Branch
Thimayya Marg.
NearGopinathCircle
Delhi Cantt-110010

B/49761/AG/ECHS/Medicine Policy

27 Apr 2020

IHQ of MOD (Navy)/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

ASCON: 36833

Central Organisations, ECHS
Integrated HQ of MoD (Army)
AdjutantGeneral's Branch
Thimayya Marg.
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/Medicine Policy

27 Apr 2020

IHQ of MOD (Navy)/Dir ECHS (N) DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centre

AMENDMENT TO EXECUTIVE INSTRUCTIONS: PROCEDURE FOR RE-IMBURSEMENT OF MEDICINES AND CONSUMABLES TO ECHS BENEFICIARIES

1. Ref the fwg:

   (a) Central Org ECHS letter No B/49762/AG/ECHS/Medicine Policy dt 08 Apr 2019.

   (b) Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy dt 08 Nov 2019.

2. Concept of Reimbursement of NA medicine was brought in effect last year keeping in View non availability of medicine due to paucity of funds. However with the improvement in fund situation it is visualised that this procedure will be resorted to as a last resort with an intention to reduce number of such cases.

3. An amendment was carried out vide our letter at Para 1(b) to permit processing the bills offline with a view to:

   (a) Cut down cost on commission being paid to BPA.

   (b) Obviateuploading of the bills on line where the volume of bills is high.

   (C) Ensureearly disbursement to veterans.

4. Based on the inputs/feedback received from various stake holders, it is hereby directed to process the bills on line as per the guidelines and instructions given vide our letter at Para 1(a) above with immediate effect.

5. Methodology for reverting to online processing only will be as under:

   (a) Bills pending with PCs as on date will be processed online as per instructions given at letter at Para 1(a).

   Bills already processed on contingent bills to OIC PC ECHS at Stn HQ for countersignature (as per letter at Para 1 (b)) will be processed to respective RCs without any countersignatures of OIC ECHS at Stn HQ. Dir RC will process such Contingent Bills for offline payment after vetting by JD (HS).

   (b) Contingent Bills already held with RCs with or without countersignatures of OIC ECHS at Stn HQ will be processed for payment offline.

6. Since the prescription slip holds all the details, the same will be treated as NA Certificate. If the medicine is NA in the PC medical, store as well as fron the ALC the NA medicines will be indicated on the prescription only. The prescription will be signed by pharmacist and countersigned by the OIC PC after issuing the available medicines. Vitamins and supplements which are prescribed as a part of primary treatment for some ailments/diseases for the patient will ONLY be included as NA.

7. **Instruction for BPA**. The BPA shall incorporate the following in the individual claim menu in BPA login IDs of OIC PC.

   (a) A separate dropdown menu/tab tobe made available under individual OPD claim category specifically for individual re-imbursement claim for medicines and consumables.

   (b) On entering the beneficiary card No the following details should be auto populated from system:

      (i) Name

      (ii) Rank

(iii) Service
(iv) Relation with cardholder
(v) Patient Name

(c) Provision for capture of following details for processing of bills should be available:

(i) Account holder name as appearing in Bank A/C
(ii) Account no
(iii) Bank Name and Branch Name
(iv) IFSC Code
(v) MICR Code

(d) The contingent bill (as per the format given in Appx 'B') should be available for download with available details auto filled, for taking signature of the beneficiary. The balance details not captured in the system shall be filled by individual and entered by DEO at Polyclinic.

(e) The documents uploading section of the polyclinic should select only the following documents for uploading :

(i) Prescription Slip
(ii) Medical bill
(iii) Copy of cancelled cheque
(iv) Contingent bill

8. List of documents to be submitted by the individual to the parent PC for online processing will be as under:

(a) Copy of ECHS Card
(b) Prescription Slip
(c) Medical Bill
(d) Cancelled Cheque

9. The veterans are allowed tosubmit a consolidated bill for the complete duration of NA(each NA will however not exceed 15/30 days as specified under Gen/Special condition).

10. These instructions will come into effect on the date of issue of this letter.

11. This has approval of MD ECHS.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to:

MOD(DOESW) CGDA OfficeoftheDGAFMS, DG-2 (Pig) AG's Branch (Coord) DG DC&W Sectt DGMS (Army) DGMS(Navy)DGMS (Air) DGDS	-	forinfopl.
UTI-BPA	-	for processing of bills as per Govt policy and instructions contained in this letter.
Internal All Secs S & A Sec	-	for uploading on ECHS website and informing UTI-BPA as per Para 7 of this letter.

In lieu of I.A.F. 115

CONTINGENT BILL

at Bill No…… -Date……..

w of Allotment…….. -Rs .....

Amour expended and for which bill has been submitted for payment -Rs……...

-Rs……

Balance of amount excluding the amount of this bill

Expenditure on account of reimbursement of Medical expenses incurred FATHER CBS RAWAT ECHS membership/Smart Card No.0000804361

Authority: - **Govt of India letter No 24(3)/03/US (WE)/D (Res) (1) dated 08 Sep 2003.**

Govt of India letter No 24(8)/03/US (WEJ/D (Res) dated 19 Dec 2003.

SI No	Date	Details of expenditure	Amount (in Rs)
^{0}T^{1} o t a l	06-08-19	Medical Bill	103735
R u p e e s (inwords)- OnelakhthreeSevenHundredHundredThirty Five only. Certificate in case of			103735

amount claimed by individual :

(a) Expenditure on account of medical consumables/equipments have been actually incurred by me.

(b) My registration/membership No. is 0000804 361

(c) My Bank Account No 200919940970 (in Bank) SBI Address of Bank MG Road Ambala Cantt.

(d) My Postal address in H No. 107 Gali NO. A-1, GUPTA ENCLAVE, VIKAS NAGAR, UTTAM NAGAR, DELHI – 110059.

Sign of individual

Certified that :

(i) Certified that the medical equipment/consumables have been actually purchased / consumed by Ex-servicemen.

(ii) The rate is/are fair and reasonable.

(iii) The expenditure incurred is debitable to Major Head 2076 Minor Head 107. Sub Head F- Medical Treatment Related Expenditure Code Head 365/00.

(iv) The expenditure has been incurred in the interest of Ex-Servicemen.

Date 21/8/19 Sign of Old Polyclinic

Funds are available

Checked and passed for payment of Rs. Sign of Cash Assignment Officer

---

COUNTERSIGNED

Date Sign of Station

Commander

Paid vide Cheque No..... Date .....

Officer Signature of Cash

Assignment

Note :- Original bills, CFA's sanction and connected documents are enclosed.

Tele: 25683476
Mil: 36833

By Email/AWAN Only

Central Organisation, ECHS
Adjutant General's Branch Integrated
Headquarters Ministry of Defence
(Army) Thimayya Marg, Near Gopinath
Circle, Delhi Cantt-110010

B/49761/AG/ECHS/Medicine Policy

18 May 2020

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
All HQ Command (A/ECHS)
AMA ECHS Embassy of India, Nepal
All Regional Centres

GUIDELINES FOR CLAIMING REIMBURSEMENT OF MEDICINES PURCHASED FROM 23 MAR 2020 ONWARDS

1. Please ref the fwg :

   (a) CO ECHS letter No B/49762/AG/ECHS/Medicine Policy dt 08 Apr 2019,

   (b) CO ECHS letter No B/49761/AG/ECHS/Medicine Policy dt 27 Apr 2020. (c) CO ECHS letter No B/49761/AG/ECHS dt 23 Mar 2020.

   (d) CO ECHS letter No B/49761/AG/ECHS/Medicine dt 24 Apr 2020,

   (e) CO ECHS letter No B/49761/AG/ECHS/Medicine dt 28 Apr 2020

2. Though the lockdown may be lifted after 31 May 2020 in a gradual manner, in view of the prevalent situation, it is critical to ensure minimum footfall at the Polyclinic to mitigate spread of virus.

3. In view of the above, provisions have been granted to purchase life style/ chronic diseases medicines and claim reimbursement by veterans till 31 May 2020. Individual medicines reimbursement bills are normally handed over physically to OIC Polyclinic for processing for payment. However to minimise/ stream line footfall at Polyclinics, provision to upload bills online or send by Registered Post may be resorted to. Beneficiaries may be advised to follow one of the three methods elucidated in succeeding paras for reimbursement of claim amount with immediate effect :

   (a) **Online Submission.**

   (i) Veterans may submit claims online through designated email to OIC Polyclinic A separate mail ID may be created by OsIC PC, if required for the purpose and informed to veterans.

   (ii) The scanned copies of last prescription held, bill, ECHS card, contingent bill (as per Appx 'A' to this letter) and copy of cancelled cheque / first page of passbook should be attached as file (s) with the email.

Contd. ..21

(iii) All Veterans will mention their complete residential address and tele/ mobile No.

(iv) OICPolyclinic will ack the receipt of mail and seek any further clarification if required.

(iv) The veterans will however submit all original documents (for audit) after the lockdown is lifted by dates to be stipulated later. Non depositing of all the original documents by stipulated date will invite recovery of money.

(b) Veterans who are not able to upload the claim online may send all the above documents (bill and contingent bill in original) alongwith their calling No/ whatsapp No and residential address to OIC Polyclinic through "Registered Post with Acknowledgement Due (AD) Card" They should keep a photocopy of all documents with them. OIC Polyclinics will process the bills for payment as per existing orders

(b) The veterans who are not able to send the online claim or by Regd Post for reimbursement shall submit their bills physically after 15 Jun 2020. Specific dates on which veterans could come to submit claims will be coordinated by OIC Polyclinic through tele, email or whatsapp.

(c) OIC Polyclinics will process the bills (submitted online) digitally duly authenticated by DSC online and for rest of bills as per procedure explained in our letter at Para 1(a) & (b) above. RC will make necessary payment, without waiting for physical copies. Physical copies (for bills submitted online) will be fwd once situation stabilizes for audit purpose.

4. This has the approval of MD ECHS.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :

MoD (DoESW)		
CGDA		
AG Branch (Coord)		
DG DC&W Sectt		for info please O/o
DGAFMS		
DGMS (Army)		
DGMS (Navy)		
DGMS (Air)		
UTI-ITSL (BPA)	-	To scrutinize the claims submitted by beneficiary for identifying duplicate claims for same medicines and for same duration.

Internal

Ops & Coord, Claim Sec C&L Sec, P&FC	-	for info
Stats & Automation Sec	-	for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL

Appx'A'Contingent Bill

Cheque may please be issued in favour of _____

Bank Acct No _____ Bank Name _____

Bank IFS Code _____ MICR NO _____

In Lieu of IAFA-155

Voucher No : _____

CONTINGENT BILL

Expenditure of account reimbursement of medical treatment for purchase of medicines in respect of _____.

(Auth Central Organisation ECHS letter No B/49761/AG/ECHS/Medicine Policy dt 18 May 2020)

Ser No	Date	Date of Expenditures	Amount
		Amount incurred on account of reimbursement Of Medical treatment in respect of _____	
		The details are as under	

ECHS Card No	Bill No	Diagnosis	Details of Bill/ Medicines	Amount

The bill with supporting documents attached in original. Certified that: -

(1) The claim has been submitted for the first time.

(2) The reimbursement has been made on the actual treatment.

Amount in Words: Rupees _____

RECEIVED PAYMENT

COUNTERSIGNED

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence
(Army) Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110010

B/49761/AG/ECHS

02 Jun 2020

(All Regional Centres)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEWOF COVID-19

1. Refer to this HQ letter No B/49761/AG/ECHS dated 01 Jun 2020.

2. The date of upto 31 Jul 2020 indicate that the beneficiary may purchase medicines under this provision on any day before or on 31 Jul 2020, as per the due date of his prescription. The medicines may be purchased as per prescription for a period of 30 days.

3. This will also ensure that, the due date of medicine for beneficiaries in Aug 2020 will also get staggered and result in minimum footfall and social distancing.

4. All ECHS beneficiaries may be advised accordingly.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to: -

MoD(DoESW)CGDA
O/o DGAFMS
AG Branch
DG DC&W Sectt - for info pl.
DGMS (Army)
DGMS(Navy)DGMS
(Air) DGDS
UTHTSL

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL (BPA).

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
ThimayyaMarg, Near Gopinath Circle,
Delhi Cantt-110010

B/49761/AG/ECHS

01 Jun 2020

(All Regional Centres)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEWOF COVID-19

1. Further to this HQ letter No B/49761/AG/ECHS dated 23 Mar 2020 and even No dt 24 Apr 2020.

2. A onetime sanction for purchase of medicines and claim reimbursement was issued till 31 May 2020. In view of increasing cases of COVID-19 and further extension of lockdown beyond 31 May 2020 in containment zones, to promote social distancing and avoiding unnecessary exposure to ECHS beneficiaries as well as minimizing footfall at ECHS Polyclinics, the ECHS beneficiaries having life style/ chronic ailments/ diseases on long treatment may purchase medicines lasting till 31 Jul 2020 based on the prescription held (prescribed by doctor of Polyclinic/ Service hospital/ Empanelled hospital) irrespective of NA or otherwise. It is also clarified that the ECHS Polyclinics are functional and ECHS beneficiaries also have the option to collect medicines through ECHS Polyclinics as per normal practice, instead of purchasing from market, after taking prior appointment from respective OIC Polyclinic.

3. One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The reimbursement will be done as per guidelines issued by this HQ vide letter No B/49761/AG/ECHS/Medicine Policy dt 18 May 2020.

4. This will be applicable with immediate effect till 31 Jul 2020.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :

MOD(DoESW)CGDA
O/o DGAFMS
AG Branch
DG DC&W Sectt
DGMS (Army)
DGMS(Navy) DGMS (Air)

forinfopl.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence (Army) Thimayya Marg. Near Gopinath Circle, Delhi Cantt 110010

B/49761/AG/ECHS/Medicine Policy

21 Jul 2020

AMA ECHS,Embassy of India, Nepal All Regional Centres

GUIDELINES FOR UPLOADING AND PAYMENT OF REIMBURSEMENT OF NA MEDICINE CLAIM

1. Ref this Ho letter No B/49761/AG/ECHS/Medicine Policy dt 18 May 2020
2. In order to expedite payments to the ESM beneficiaries, MD ECHS has directed following action
   (a) Polyclinics of concerned ECHS beneficiaries will upload and fwd the medicine bills to BPA within 07 days of submission by AFV
   (b) BPA will maintain a separate queue for the same and clear the bills within 07 days of receipt from PCs.
   (c) RCs will thereafter make the payments within 07 days of receipt of said bills in their basket
3. All functionaries are urged not to make avoidable and frivolous observations on the claims (Refer to Central Org letter No B149761/AG/ECHS/Medicine Policy dt 09 Jul 2018).

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
ThimayyaMarg, NearGopinath
Circle, Delhi Cantt-110010

B/49761/AG/ECHS

07 Aug 2020

(All Regional Centres)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEWOF COVID-19

1. Further to this HQ letter No B/49761/AG/ECHS dated 23 Mar 2020, even No dt 24 Apr 2020 and 01 Jun 2020.

2. A onetime sanction for purchase of medicines and claim reimbursement was issued till 31 Jul 2020. In view of increasing cases of COVID-19 and further extension of lockdown beyond 31 Jul 2020 in containment zones, to promote social distancing and avoiding unnecessary exposure to ECHS beneficiaries as well as minimizing footfall at ECHS Polyclinics, the ECHS beneficiaries having life style/ chronic ailments/ diseases on long treatment may purchase medicines lasting till 30 Sep 2020 based on the prescription held (prescribed by doctor of Polyclinic/ Service hospital/ Empanelled hospital/ Sehat OPD) irrespective of NA or otherwise. It is also clarified that the ECHS Polyclinics are functional and ECHS beneficiaries also have the option to collect medicines through ECHS Polyclinics as per normal practice, instead of purchasing from market, after taking prior appointment from respective OIC Polyclinic.

3. One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The reimbursement will be done as per guidelines issued by this HQ vide letter No B/49761/AG/ECHS/Medicine Policy dt 18 May 2020 and even No 21 Jul 2020.

4. This will be applicable beyond 31 Jul 2020 till 30 Sep 2020.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to -

MOD (DOESW) - Withreference to your file No 22D(19)/2020/WE/D (Res-1) dated 07 Aug 2020.

CGDA
O/o DGAFMS
AG Branch
DG DC&W Sectt - forinfopl.
DGMS (Army)
DGMS(Navy)
DGMS (Air)
DGDS
All Comd HQ (A/ECHS) UTI-ITSL (BPA)

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence (Army) Thimayya Marg,
Near Gopinath Circle, Delhi Cantt-110010

B/49761/AG/ECHS

11 Aug 2020

(All Regional Centres)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEWOF COVID-19

1. Refer to this HQ letter No B/49761/AG/ECHS dated 07 Aug 2020.

2. The date of upto 30 Sep 2020 indicates that the beneficiary may purchase medicines under this provision on any day before or on 30 Sep 2020, as per the due date of his prescription. The medicines may be purchased as per prescription for a period of 30 days.

3. This will also ensure that, the due date of medicine for beneficiaries in Oct 2020 will also get staggered and result in minimum footfall and social distancing.

4. All ECHS beneficiaries may be advised accordingly.

Anupam
(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :

MoD(DOESW)CGDA
O/o DGAFMS
AG Branch
DG DC&W Sectt - forinfo
DGMS (Army)
DGMS(Navy)DGMS
(Air) DGDS
All Comd HQ (A/ECHS) UTI-ITSL

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL (BPA).

Tele: 25683476

Central Organisations, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
ThimayyaMarg, NearGopinath
Circle Delhi Cantt-110010

B/49762/AG/ECHS/Policy/2020

20 Aug 2020

DGAFMS/DG-2 (Plg)
IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

ISSUEOF MEDICINES AT POLYCLINICS FORWHITE CARD HOLDERS

1. Ref the fwg :
   (a) Standard operating procedure on treatment management in ECHS dt 28 Sep 2018.
   (b) Standard operating procedure on medicine management in ECHS dt 09 Sep 2017.

2. Provision for issue of medicines for more than one month at ECHS PC already exists (Refer para 18 (q) of SOP on Medicine Management).

3. As laid down, subject to availability of medicines, white card holders in hilly terrain/difficult areas viz Jammu & Kashmir, Himachal Pradesh, Uttarakhand, North East er difficult areas where commuting is difficult and bed ridden patients may be issued medicines for more than one month.

4. Medicines will only be given if issue does not affect other patients adversely which will be at the discretion of OIC Polyclinic keeping stock position of medical store in mind.

5. For further dissemination to all PCs under your AOR.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Tele: 25683476
MI: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt-110010

B/49761/AG/ECHS

25 Aug 2020

(All Regional Centres)

REIMBURSEMENT OF MEDICINES - SPECIAL SANCTION IN VIEW OF COVID-19

1. Further to this HQ letter No B/49761/AG/ECHS dated 23 Mar 2020, even No dt 24 Apr 2020, even No dt 01 Jun 2020 and 07 Aug 2020 on the subject matter.

2. The procedure for claiming the cost of medicines purchased by the ECHS beneficiaries has been clearly spelt out in CO ECHS letter No B/49761/ECHS/Medicine policy dt 18 May 2020.

3. It has come to the notice that various ECHS PCs are insisting on their own rules/procedures/list of documents for such reimbursement. Some of the PCs are not accepting the bills of medicines purchased for 60 days in one go by the veteran. PCs are also imposing, self devised, upper limit to the total amount of the bill and not accepting bills submitted beyond that amount. This is not only causing harassment to the ECHS beneficiaries but also embarrassment to CO ECHS authorities in form of emails/messages/tele calls by the veterans. Following is clarified.

   (a) Bills of CT medicines procured for 60 days at a time will be accepted and admitted for claim.

   (b) There is no upper limit to the overall cost of the bill submitted, which should be based on the medicines in the authorized prescription.

4. MD CO ECHS has taken a serious view on this and has directed that contents of the ibid policies will be followed in letter and spirit. It is requested to reiterate the contents to all ECHS PCs under AOR of your RC

5. The staff and doctors at ECHS PCs should attend/examine/treat/refer all patients/ visitors coming to respective PCs with an empathetic attitude and using soft skills while exercising due precautions against COVID-19.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to: - MoD
(DoESW) CGDA
Olo DGAFMS
AG Branch
DG DC&W Sectt - for infopl.
DGMS (Army)
DGMS(Navy)
DGMS (Air)
DGDS
All Comd HO (A/ECHS)

UTI-ITSL (BPA)

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL(BPA)

Tele: 25683476
MI:36833

ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence
(Army) Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110010

B/49773/AGECHS/Dental

29 Dec 2020

IHQ of MOD (Navy/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (*A*/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (AECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command *(A*/ECHS) AMA ECHS,
Embassy of India, Nepal

TECHNICAL CONTROL AND ROLE OF SEDO: DENTAL SERVICES (ECHS)

1. All type *A*/B/*C*/D ECHS Polyclinics are authorized dental clinics and providing dental care to ECHS beneficiaries through these dental clinics. There has been instances wherein PCs put forward queries pertaining to technical issues in relation to dental care in ECHS PC. Many of these issues may be resolved at local level through SEDO's. All ECHS PCs are mapped is SEMO/SEDO as per the command and control matrix issued vide Central Oro ECHS letter No 8/49705-C&*C/A*G/ECHS/2018 dt 24 Dec 2018 and amended vide Central Org ECHS letter No B/49705-C&*C/A*G/ECHS/2020 dt 05 Feb 2020. In this regards all PCs are already advised through RCs to approach SEDOs for guidance on any technical issues vide our letter No B/49773/AF/ECHS dt 03 Oct 2019.

2. SEDOs are responsible for provisioning of dental expendable soirees to ECHS PCs with functional dental clinics as per O/o DGAFMS letter No 19189/DGAFMS/DG-20 dt 07 Jul 2017 and Central Org ECHS letter No B/49773/*AG*/ECHS/Dental dt 12 Dec 2017

3. SEDOs are responsible to provide technical advice / guidance as and when necessary.

4. Professional assessment of contractual dental officers employed in ECHS PCs are to be done by SEDOS as FTO/Tech Offers/RO for their professional competency and further renewal of contract on a yearly basis. Refer CO ECHS letter No B/49760/*AG*/ECHS(R)/2017 dt 06 Oct 2017.

5. SEDOs are to visit the PCs periodically in consultation with Stn HQ/formation HQ and intimate any shortcomings/suggestions for improvement of the dental clinics to respective Dir (RC) under whose AOR the PCs falls.

6. This supersedes our letter No B/*49773/AG*/ECHS/Dental dt 07 Aug 2009 and letter of even No dt 06 Apr 2010.

7. For info and further necessary action please.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence (Army) Thimayya Marg, Near Gopinath Circle, Delhi Cantt-110010

B/49761/AG/ECHS

16Apr 2021

(All Regional Centres)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEWOF COVID-19

1. Further to CO ECHS letter No B/49761/AG/ECHS dt 16 Apr 2021.

2. The orders issued vide letter under ref at Para 1 above shall be valid from the date of issue of the letter under ref till 31 Jul 2021.

3. This has approval of MD ECHS.

Sd/X-X-X-X-X
(CAMahajan)
Lt Col (JD Med)
for MD ECHS

Copy to :

MoD(DoESW)CGDA
O/o DGAFMS
AG Sect
DGDC&WSecttDGMS (Army)
DGMS (Navy) - for info pl.
DGMS(Air)
DGDS
AllComdHQ (A/ECHS) UTI-ITSL (BPA)

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL(BPA).

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence (Army) Thimayya Marg, Near Gopinath Circle, Delhi Cantt-110010

B/49761/AG/ECHS

16 Apr 2021

(All Regional Centres)

AMENDMENT FOR REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEW OF COVID-19

1. Further to this HQ letter No B/49761/AG/ECHS dated 23 Mar 2020, even No dt 24 Apr 2020, 01 Jun 2020, 02 Jun 2020, 07 Aug 2020, 05 Oct 2020 and 01 Jan 2021.

2. A onetime sanction for purchase of medicines and claim reimbursement was issued till 28 Feb 2021. In view of increasing cases of COVID-19 and restrictions on mov in containment zones, to promote social distancing and avoiding unnecessary exposure to ECHS beneficiaries as well as minimizing footfall at ECHS Polyclinics, the ECHS beneficiaries having life style/ chro**nic ailments/ diseases on long treatment may** purchase medicines lasting till 31 Jul 2021 in o**ne go or month wise based on the** prescription held (prescribed by doctor of Polyclinic / Service hospital / Empanelled hospital / Sehat OPD) irrespective of NA or otherwise. It is also clarified that the ECHS Polyclinics are functional and ECHS beneficiaries also have the option to collect medicines through ECHS Polyclinics as per normal practice, instead of purchasing from market, after taking prior appointment from respective OIC Polyclinic.

3. One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The reimbursement will be done as per guidelines issued by this HQ vide letter No B/49761/AG/ECHS/Medicine Policy dt 18 May 2020 and even No dt 21 Jul 2020.

4. These orders shall be valid from date of issue till 31st Jul 2021.

5. The date upto 31 Jul 2021 indicates that the beneficiary may purchase medicines under this provision on any day before or on 31 Jul 2021, as per the date of his prescription. The medicines may be purchased as per prescription for a period of 30 days if purchased in the month of Jul.

Sd/-X-X-X-X-X
(C A Mahajan)
Lt Col (JD Med)
for MD ECHS

Copy to :

MoD(DoESW)CGDA
O/o DGAFMS
AG Sect
DGDC&WSecttDGMS (Army)
DGMS (Navy) - forinfopl.
DGMS (Air)
DGDS
All Comd HQ (A/ECHS) UTI-ITSL (BPA)

Internal

All Sec - for info

S&A Ser - for unloading on website and issue necessary instr to LITIITSI (BPA)

Tele: 25683476
ASCON: 36833

Central Organisations, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch Thimayya
Marg.
NearGopinath Circle Delhi
Cantt-110010

B/49761/AG/ECHS/Advisory/2021

26 Jul 2021

IHO of MoD (Navy/Dir ECHS (N) Air
HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

ADVISORY : ISSUE OF MEDICINE AT ECHS PC

1. Please refer to the following:
   (a) Central Org ECHS letter No B/49762/AG/ECHS/Medicine Policy dated 29 Aug 2007 & even No 13 Dec 2017
   (b) Central Org ECHS letter No B/49762/AG/ECHS/Policy dated 11 Jul 2018
   (c) Central Org ECHS letter No B/49761/AG/ECHS/Medicine Policy dated 08 Apr 2019 (available ECHS website) and even No dt 08 Nov 2019.
2. As per Para 6 of ibid letter in Para 1 (c) above :
   (a) When an ECHS beneficiary report to an ECHS Polyclinic for OPD treatment or after discharge from Service/Govt/Empanelled Hospital for collection of medicines and consumables, ECHS Polyclinic will provide the medicines and consumables from SEMO/SEDO supplied resource as available in ECHS Polyclinic.
   (b) If the medicine is 'NA' attempt will be made to provide the same through ALC and / or Jan Aushadhi Stores empanelled.
   (c) If the medicine is 'NA' from ALC as well, NA certificate will be issued as per enclosed format (Encl 2) by OIC PC Vitamins and supplements should not be included in 'NA' certificate.
3. In view of above, it is once again reiterated that the Authorised Local Chemists (ALCs)/emp Jan Aushadhi stores should be fully exploited before asking beneficiaries to purchase the medicines from market. The special sanction of purchasing medicines from market wrt ECHS beneficiaries having life style/chronic aliments/diseases on lona treatment is an exception due to COVID pandemic not a routine procedure,
4. All RCs are requested to direct all OICs of ECHS PCs under their AOR to follow the same.

5. For your info and necessary action pl.

(Panchal Kalpeshkumar S)
Lt Col
Jt Dir (Med)
For MD ECHS

Copy to:-

O/o DGAFMS	-	for info pl.

Internal

Ops & Coord, Claim Sec P& FC Sec, C&L Sec	-	forinfo
Stats & Automation sec	-	for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
ThimayyaMarg, NearGopinath
Circle, Delhi Cantt-110010

B/497617AG/ECHS

17 Aug 2021

(All Regional Centres)

AMENDMENT FOR REIMBURSEMENT OF MEDICINES : SPECIALSANCTION IN VIEW OF COVID-19

1. Further to this Ho letter No B/49761/AG/ECHS dated 23 Mar 2020, even No dt 24 Apr 2020. 01 Jun 2020, 02 Jun 2020. 07 Aug 2020, 05 Oct 2020.01 Jan 2021 and 16 Apr 2021

2. A onetime sanction for purchase of medicines and claim reimbursement was issued till 31 Jul 2021. In view of increasing cases of COVID-19 and restrictions on moving containment zones, to promote social distancing and avoiding unnecessary exposure to ECHS beneficiaries as well as minimizing footfall at ECHS Polyclinics, the ECHS beneficiaries having life style/ chronic ailments/ diseases on long treatment may purchase medicines lasting till 31 Oct 2021 in one go or month wise based on the prescription held (prescribed by doctor of Polyclinic / Service hospital / Empanelled hospital / Sheet OPD) irrespective of NA or otherwise. It is also clarified that the ECHS Polyclinics are functional and ECHS beneficiaries also have the option to collect medicines through ECHS Polyclinics as per normal practice, instead of purchasing from market, after taking prior appointment from respective OIC Polyclinic.

3. One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The reimbursement will be done as per guidelines issued by this HQ vide letter No B/49761/AG/ECHS/Medicine Policy at 18 May 2020 and even No dt 21 Jul 2020.

4. These orders shall be valid from 01 Aug 2021 to 318 Oct 2021.

5. The date up to 31 Oct 2021 indicates that the beneficiary may purchase medicines under this provision on any day before or on 31 Oct 2021. as per the date of his prescription. The medicines may be purchased as per prescription for a period of 30 days if purchased in the month of Oct.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :- MOD (DOESW) CGDA
O/o DGAFMS
AG Sect
DGDC&WSecttDGMS (Army)
DGMS (Navy) - forinfopl.
DGMS (Air)
DGDS
All Comd HQ (A/ECHS) UTI-ITSL (BPA)

Internal

All Sec - for info

S&A Sec - for uploading on website and issue necessary instructions to UTHTSL(BPA).

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence(Army)
ThimayyaMarg,
NearGopinath Circle,
Delhi Cantt-110010

B/49769/AG/ECHS

18 Nov 2021

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres

REIMBURSEMENT MODULE SELF LOGIN AND UPLOAD OF INDIVIDUAL REIMBURSEMENT CLAIM

1. Futher to CO ECHS letter No B/49769/AG/ECHS dt 23 Aug 2021 on the subject.

2. Certain changes have been made in the software to clear the pending individual bills for self uploading by the ECHS beneficiary.

3. Provisions have been made to allow ECHS beneficiaries to upload upto 08 (eight) Pharmacy bills, 04 (four) OPD bills and 4 (four) IPD bills per month.

4. The above provisions will be effective from 19 Nov 2021 onwards.

5. The contents of this letter may pl be widely disseminated to all concerned.

6. This has the approval of MD ECHS.

(AhupamNAdhaulia)
Col
Dir (Med)
For MD ECHS

Copy to:

MOD/DOESW CGDA		
UTI- ITSL (BPA)	-	forinfopl.
SDCPL		
Internal		
All Sec	-	for info
Stats & Automation Sec	-	for uploading on website and issue necessary instr to UTI-ITSI (BPA)

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
NearGopinathCircle
Delhi Cantt-110010

B/49761/AG/ECHS

30 Nov 2021

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

GUIDANCE FOR PRESCRIPTIONOF COSTLY ONCOLOGY DRUGS FOR ECHS PATIENTS

1. Please refer to CO ECHS letter No B/49762/AG/ECHS dated 28 Jun 2021 and letter No B/49762/AGECHS dt 30 Jul 2021.

2. It is reiterated that as per CO ECHS letter No B/49770/AG/ECHS/Treatment dt 21 Jul 2017 (copy att), Appendix 'A' has been instituted for the purpose of unlisted procedures/tests/implants and is raised by the empanelled hospital for undertaking the same with prior approval of SEMO/PMO/CMO of the station. Appendix 'A' should not be raised for medicines.

3. Hence, there is no requirement of Appendix 'A' for Chemotherapy/Radiotherapy/ Immunotherapy and no requirement of opinion of Service Oncologist for non DCGI approved newer/latest therapies. However, for Unlisted Procedures/ Investigations/Implants, the procedure to be followed will be same without any change as given out in CO ECHS letter No B149778/AG/ECHS/PA/Ruling dated 28 Jun 2011, even No dt 03 Feb 2017 and letter No B/49770/AG/ECHS/Treat/Policy/2021 dt 26 Oct 2021.

4. The letters mentioned at Para 1 above may please be treated as cancelled.

5. All RCs are requested are requested to disseminate the same to all SEMOs/Emp Hosps/ECHSD PCs.

6. This has the approval of MD ECHS.

(PanchalKalpeshkumarS)
Lt Col
Jt Dir(Med& Eqpt)
for MD ECHS

Copy to :

DGAFMS/DG-3A	-	for your info pl.
DGMS (Army)/ DGMS - 5 (B)	-	for info your letter No 76782/ ECHS Corres/DGMS-5B dt 01 Nov 2021.
DGMS (Air Force) (Med-7) DGMS (Navy)/		
Dir ECHS (Navy)		
HQ Cost Guard Veteran Cell (Email -cgvcpers@indiancostguard.nic.in)	-	for your info pl.
AMA ECHS, Embassy of India, Nepal UTI-ITSL Surabhi Arcade, 1st Floor 5-1-664, Bank Street, Hyderabad- 5000001		

Internal

Ops & Coord	-	for info pl.
Stats & Automation Sec	-	for uploading this letter on ECHS website and remove CO ECHS letter No B/49762/AG/ECHS dated 28 Jun 2021 & dt 30 Jul 2021 from ECHS website.
MedBranch (Claims)	-	for info pl.

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MOD (Army)
Adjutant General's Branch
Thimayya Marg
NearGopinathCircle Delhi
Cant-110010

B/49773/AG/ECHS/Dental/Policy

21 Aug 2021

All Regional Centers (ECHS)

ADVISORY : SARS COV-2THIRD WAVE

1. In anticipation of the third wave of COVID-19, proper preparation to mitigate its effect on health care workers and patients must be ensured. Precautionary measures like wearing of N95 face masks, PPE kits, hand hygiene and maintaining social distancing, prevention of overcrowding in offices and surgeries must be followed.

2. It is reiterated that Delta Plus variant of SARS-CoV-2 variety has been isolated from samples and it is also dubbed as Variant of Concern (VoC). Keeping in mind that dental surgeries are closed spaces, proper fumigation of surgeries, 'airing' of offices and waiting rooms, use of heap air filters, ionizers, proper sterilization of equipment, disinfection of surfaces and other safety measures are strongly recommended OIC PC/DO must sensitize the par dental staff, housekeepers and other staff regularly to the benefits of being fully vaccinated, isolation of suspected cases, danger of letting one's guard down adhering to the universally accepted SARS-CoV-2 safety protocol.

3. Forstrict compliance.

(CA Mahajan)
Lt Col
JtDir(Dental)
for Dir (Med)

Internal :

Ops & Coord Claim Sec P&FC Sec C&L sec	-	forinfo
Stats & Automations Sec	-	for uploading the letter on ECHS website

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49769/AG/ECHS

03 Aug 2021

HQ Eastern Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Southern Comd (A/ECHS)
HQ Southwestern Comd (A/ECHS)
ALL Regional Centres

REIMBURSEMENT MODULE SELF LOGIN AND UPLOAD OF INDIVIDUAL REIMBURSEMENT CLAIM

1. Online Bill Processing had been taken up as a pilot project in 2012.Consequently it was operationalised PAN India during 2015.With a Govt mandated Bill Processing Agency UTI-ITSL carrying out verification/scrutiny in the portal subsequent to uploading of bills by the HCOs or by respective parent Polyclinic.

2. With the gained experience of the online bill processing and with feedback received from environment, Central Org ECHS HQ has endeavored to facilitate the beneficiaries to upload the claim directly in digital form being provided by the BPA. Individual Reimbursement Claim for OPD, IPD and pharmacy can be uploaded on the website: echsbpa.utiitsl.com . The provision of uploading the claims by the beneficiary is intended to ease the procedure by empowering the beneficiaries to upload their claims themselves. The option to submit the claim documents at parent polyclinics will continue to remain for those beneficiaries who are unable to use the facility.

3. Following instructions will be adhered to while submitting the claims :-

(a) Separate claim will be submitted for each beneficiary. Combining claims of two beneficiaries together is not permitted as each claim will be uniquely linked to the beneficiary card. For eg claim of ESM and spouse cannot be combined.

(b) Hard copies of the documents uploaded along with signed contingent bill will be submitted to parent Polyclinic within 15 Days of uploading of Claim Online. The format of the contingent bill can be downloaded and printed from the website or obtained from the polyclinic. Claim will be processed further only on receipt of Hard Copy in parent polyclinic.

4. Detailed guidelines for uploading of the individual reimbursement claims provided by BPA is attached as Appx.

5. All command HQ and Regional Centres are requested to disseminate and publicize the facility to the ECHS beneficiaries and their dependants for their benefit. This is expected to ease the procedure for submission of claims as also reduce the footfall at polyclinic.

6. This has the Approval of MD CO ECHS.

(Anupam NAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to:-

MoD (DoESW)
CGDA - for info pl.
UTI-ITSL (BPA)
SDCPL

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL(BPA).

INSTRUCTION FOR USERS FOR UPLOADING OF INDIVIDUAL REIMBURSEMENT CLAIM ON BPA PORTAL OF ECHS

1. Introduction

ECHS beneficiaries should be able to submit their reimbursement claims online through the Bill Processing Agency (BPA) Site (www.echsbpa.uititsl.com). Beneficiaries can submit reimbursement claims for IPD, OPD, and NA medicines on this URL.

This system will affect two groups of users. The first is the beneficiary of the system, while the second is the polyclinic user (QIC).

2. INSTRUCTIONSFORTHE BENEFICIARY USER

Beneficiaries can upload their reimbursement claims themselves and submit a hard copy of their claim documents to the Parent Polyclinic.

(a) In Patient Bills (Where patient has undergone Admission in the Hospital for treatment)

(b) OPD Bills (OPD Consultation)

(c) NA Medicine I Pharmacy Bills

3. The beneficiary must upload the claim by themselves in accordance with the following requirements:

(a) All documents need to be scanned properly and are clearly readable with all available details on the documents.

(b) All documents have to be in the form of PDF format only.

(c) The size of a single file should not be more than 2 MB.

4. Mandatory documents and other documents for various types of beneficiary claims are mentioned against each below as per ECHS claim procedure.

(a) IPD Reimbursement

- ECHS Card Copy
- Emergency certificate from Hospital
- EIR (Emergency Intimation Report)
- Discharge Summary
- Contingent Bill
- Final Bill with detailed break up
- Reports
- Copy of cancelled cheque. Required only first time the claim is uploaded
- Advance payment receipt for above one lakh claim amount
- Case Specific documents (if any)

(b) OPD Reimbursement

- ECHS Card Copy
- Prescription for investigation
- Sanction letter for Investigation
- Bill
- Reports
- Copy of cancelled cheque. Required only first time the claim is uploaded

(c) NA / Pharmacy Reimbursement

- ECHS Card Copy
- Prescription
- Bill
- Copy of cancelled cheque. Required only first time the claim is uploaded
- NA Certificate

5. In order to upload the Claim in the system a scanned copy of all the documents in pdf format of file size less than 2 MB should be kept handy.

6. After having the scanned copy of all the documents following are the steps to upload the Claim in the system:

- Visit the Website https://www.echsbpa.utiitsl.com
- Click the link
- After clicking the link following screen will come. Enter the Card No. and Mobile number registered with 64 KB Card to get OTP and login.
- Enter the OTP received on mobile number.
- After login click the Member Claim> New Claim as shown in the Screen below. Select the type of Reimbursement and submit
- Following screen appears with the Patient Details as pre-filled which cannot be modified. Click on the Tab OPD Details/IPD Details/Pharmacy Details as per the reimbursement type selected in the previous screen.
- Click the OPD Details Tab and fill details of Bill Details, and ESM Bank details.
  Once all the details are filled user has to click the button "Save and Continue". This click will save the claim with Interim Claim ID.
- Following screen will appear:
- The claim is saved after the above process and claim submission can be resumed after login again as given above. And Click Pending Claims under Menu Member Claims. On clicking the Claim ID it will open the same page for uploading the pending claim.
- Go to Upload Document Tab and upload the required documents for the claim to be processed. All supporting documents need to be uploaded here without missing any document.
- After this click the tab ESM Bank Details and enter the account details. The account details needs to be filled for the first time for a card holder. For next submission of the claim it will be pre-filled and if the user wants to modify it they can do by clicking the check box for changing the bank details.
- After filling all the details go to the Final Submit tab. Download the contingent bill in the pre-filled format and take the print out of it to be submitted with Hard Copy of the original bill to the Polyclinic. Read the disclaimer and select the check box and Click Final Submit button to submit the claim fully and note the Claim ID for checking its status.
- A final message will come on screen like this.
  To check the status of the Claim:

  Go to www.echsba.utiitsl.com/ECHS and click Beneficiary Claim Status

UTI Infrastructure Technology And ServicesLimited (A Government of India Company)

INSTRUCTIONFOR POLYCLINIC USER (OIC POLYCLINIC)

The Polyclinic user (OIC Polyclinic) will receive the documents of the claims submitted online by the beneficiary for the reimbursement. After the receipt of the claim document the documents needs to be verified in the system against the hard copy submitted and soft copy uploaded in the system. The Contingent bill submitted in Hard Copy along with the Claim documents need to be scanned and digitally signed and uploaded in the claims documents during the verification and upload of the claim. On successful verification the claim will move to the Bill Processing Agency (UTIITSL)for the processing of the claim, if Need More information is required in the submitted document then user will select the status as "Need More Info" and enter the related remark and submits the claim and, rejected bills will stop there itself and beneficiary will be informed through SMS for the rejection of the Claim submitted.

User will go the link Member Claim> Receive Document. Enter the Claim ID and Member Card number (Only numeric part) and search or if Claim ID is not known click blank search (searching without entering anything). This will give the list of the Claim(s). User has to select the claim and submit for receiving the claim. User will go to the link Member Claim > Receipt of Claim and generate the receipt of the claim by entering the Claim ID. This receipt acknowledgement will be given to the beneficiary on receipt of the claim of the bills.

(a) Receiving of Documents

Click the link Member Claim> Receive Documents and enter the search button after entering the details or blank search. List of submitted beneficiary claims will be listed. Select the Check Box and enter the remark and status to receive the claim.
UTI Infrastructure Technology And Services Limited (A
Government of India Company)
UTI Infrastructure Technology And Services Limited

(b) Verification of Documents

This allows the user to open the documents by clicking on the File Name of the document, select verify, and select remarks for all documents.
UTI Infrastructure Technology And Services Limited (A Government
of India Company)

Select the status (Approved, Need More Info or Rejected) and enter the remarks, then Submit the claim verification.

If approved, it will go to the BPA (UTIITSL) for processing, for Need More info it will go to the beneficiary with the remarks, however, if rejected, it will stop here and an SMS will be sent to the beneficiary informing them about the rejection.

Tele : 25683476
Mil: 50833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence(Army)
Thimayya Marg,
NearGopinathCircle,
Delhi Cantt-110010

B/49769/AG/ECHS

23 Dec 2021

All Regional Centres

AMENDMENT TO EXECUTIVE INSTRUCTIONS: PROCEDURE FOR RE-IMBURSEMENT OF MEDICINES AND CONSUMABLES TO ECHS BENEFICIARIES.

1. Please ref the CO ECHS letter No B/49761/AG/ECHS/Medicine Policy dated 27 Apr 2020 (Copy attached also available on our website).

2. Of late it has come to our notice that few PCs are insisting on getting a NA certificate by ECHS beneficiaries for purchase of medicines which are not available with PC/SEMO. This is causing a lot of harassment especially to old age veterans as this is in contravention to our policy mentioned at Para 1 above.

3. It is reiterated that since the prescription slip holds all the details, the same will be treated as NA certificate. If the medicine is NA in the PC medical store as well as from the ALC the NA medicines will be indicated on the prescription only. The prescription will be signed by pharmacist and countersigned by the OIC PC after issuing the available medicines. Vitamins and supplements which are prescribed as a part of primary treatment for some ailments/diseases for the patient will only be included as NA. (Ref Para 6 of under mentioned letter).

4. You are requested to disseminate the contents of this letter to all PCs under your AOR for Strict adherence to procedures.

5. This has the approval of MD ECHS.

Anupam
(AnupamNAdhaulia)
Col
Dir (Med)
For MD ECHS

Internal :

All Sec	-	for info
Stats & Automation Sec	-	for uploading on website and issue necessary instr to UTI-ITSL (BPA).

Tele: 25683476

Central Organisation ECHS
Integrated HQ of Mod(Army)
Adjutant General's Branch
Thimayya Marg
NearGopinathCircle
Delhi Cantt-110010

B/49761/AG/ECHS/2021

23 Dec 2021

(All Regional Centres)

AMENDMENT : ISSUE OF MEDICINES FOR LONGER DURATION (90 DAYS) PARA 18 (9) OF SOP ON MEDICINE MANAGEMENT DT 05 SEP 2017

1. Pl ref to the Para 18 (q) of SOP on Medicine Management dt 05 Sep 2017.

2. The existing Para 18 (q) of the SOP on Medicine Management is reconstituted and amended to read as under :

READ

Para 18 (q): Issue of Medicines for Longer Duration

(i) ECHS beneficiary proceeding to a foreign country for three months or more from the date of leaving India will be entitled to receive medicines for a duration of his stay in foreign country or six months whichever is less. Visa/air tickets will be checked and OIC Polyclinic will satisfy himself. NDD (Next Due Date) will be correctly recorded.

(ii) In case of Bed ridden patients as well as chronic cases as given above subject to endorsement of medical officer/specialist of Polyclinic that "No review required for 90 days", the beneficiaries will entitled for receiving medicines for a maximum duration of three months (90 days).

(iii) Patients from Hilly region/difficult areas where commuting is difficult viz Jammu & Kashmir, Himachal Pradesh, Uttarakhand, North East regions and other difficult areas will be entitled to receive medicines for a maximum duration of three months (90 days).

(iv) While issuing the medicines for longer duration as mentioned above, following will be ensured :

(aa) Medicines will only be given if issue does not affect other patients adversely which will be at the discretion of OIC Polyclinic keeping stock position of medical stores in mind.

(ab) Medicines procured out of local purchase powers of OIC Polyclinic or from Authorised Local Chemist will not be issued for three months.

(ac) It will be mandatory for the patient to be reviewed by the doctor for regulation of doses of medicines after three months or on return from foreign country.

(v) Doctors of Polyclinic will be accountable for the prescriptions being written.

3. The above reconstituted para be replaced in the said SOP.

4. This has the approval of MD ECHS.

5. You are requested to disseminate the contents of this letter to all PCs under your AOR.

(SKGupta)
Col
Jt Dir (Med)
for Dir (Med)

Tele:25683476

Central Organisation ECHS Integrated
HQ of MoD (Army) Adjutant General's
Branch Thimayya Marg
Near Gopinath Circle Delhi
Cantt-110010

B/49762/AG/ECHS/Medical Policy/2022

18 Jan 2022

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

VACCINES FOR ECHS BENEFICIARY

1. Pl ref CO ECHS letter No B/49761/AG/ECHS/Policy dt 04 Jul 2017 (copy att).

2. It is reiterated that as per para 1 (iii) of ibid letter “Vaccines, in general, will be inadmissible, expect Hepatitis B, Influenza and Leprovac Vaccines for high-risk individuals, if recommended by concerned specialist of empanelled hospital with justification and countersigned by Service specialist of the concerned speciality”.

3. However, MO/Med Spl of ECHS are auth to prescribe Hepatitis B, Influenza and Leprovac Vaccines for ECHS beneficiaries if requirement is felt by concerned treating doctor.

4. In case of NA of vaccines at dispensary of ECHS PC, OIC ECHS PC can either procure through ALC or NA can be given on prescription based on which ECHS beneficiary can purchase prescribed auth vaccine and claim reimbursement as per CO ECHS policy letter No B/49762/AG/ECHS/Medicine Policy dt 08 Apr 2019.

(Panchal Kalpeshkumar S)
Lt Col
Jt Dir (Med & Eqpt)
For Dir (Med)

Encls : As above.

Contd..... 2/-

Copy to-

DGAFMS/DG-3A
DGMSs (Army)/ DGMS - 5 (B)
DGMS (Air Force) (Med-7) DGMS (Navy)/
Dir ECHS (Navy)
HQ Cost Guard Veteran Cell
(Email – cgvepers@indian cost guard.nic.in) - for info pl.
AMA ECHS, Embassy of India, Nepal
UTI-ITSL
Surabhi Arcade, 1st Floor 5-1-664, Bank Street, Hyderabad-5000001

Internal

Ops & Coord - for info pl.
Stats & Automation Sec - for uploading this letter on ECHS website.

Med Branch (Claims) - for info pl.

Tele: 011-26685870
Mil: 35833

Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/Policy

04 Jul 2017

IHO OF MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS & Med)
HQ Easter Command(A/ECHS & Med)
HQ Western Command (A/ECHS & Med)
HQ Central Command (A/ECHS & Med)
HQ Northern Command (A/ECHS & Med)
HQ South Western Command (A/ECHS& Med)
HQ Andaman & Nicobar Command (A/ECHS)

NON-ADMISSIBILITY OF PREPRATIONS SUCH AS FOOD SUUPLEMENTS, TONICS, COSMETICS AND VACCINES

1. As per CGHS Office Memorandum 'No. 3918/2003-04/CGHS/MSD/RS dated 23 July 2009 issues on recommendations of anExpert Committee and Drug Controller General of India, it has been decided that :-

(i) Products manufactured/marketed as food supplement, cosmetics and ayurvedic preparations prescribed by allopathic doctors will not be-admissible.

(ii) Supply of Vitamins, Minerals and anti-oxidants «will be restricted to prevalent SOGHS/ECHS formulary only.

(iii) Vaccines, in general, will be inadmissible, expect Hepatitis +B, Influenza and Leprovac Vaccines for high risk individuals, if recommended by concerned specialist of empanelled hospital with justification and countersigned by Service specialist of the concerned speciality.

(IVS Gahlot)
Col
Dir (Med)
for MD

Internal

S & A Sec - for uploading on ECHS website pl.

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle Delhi
Cantt-110010

B/49773/AG/ECHS/Dental/Policy/2022

20 Jan 2022

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

ADVISORY OF PREVENTIVE MEASURES TO BE ADOPTED AGAINST COVID-19 FOR DENTAL TREATMENT AT ECHS POLYCLINICS

1. Further to fwgs :-

(a) CO ECHS letter No B/49773/AG/ECHS/Treatment Policy dt 18 Mar 2020.

(b) CO ECHS letter No B/49773/AG/ECHS/Dental/Policy dt 20 Mar 2020.

(c) COECHS letter No B/49773/AG/ECHS/Dental/Policy dt 27 May 2021.

2. This advisory is a reiteration of advisories issued earlier on the subject. Concern about Coronavirus transmission during dental practice is widely recognized the world over. Due to the nature of dental procedures and the proximity of the dental team with the patients the disease can spread rapidly from infected patients to the dental team and vice-versa, if strict infection control measures are not instituted.

3. Due to the continuous evolution of the virus, a constant up gradation of our knowledge of this virus is mandated. Currently the designated variants of concern are as under:-

(a) Alpha
(b) Beta
(c) Gamma
(d) Delta
(e) Omicron
(f) Flurona
(g) Delmicron
(j) IHU

4. In recent past there has been an exponential surge in the COVID-19 cases as well as increased detection of Variant of Concern (VoC)-Omicron in the country. The daily No of cases crossed 16,000 mark on 30 Dec 2021 after 64 days. The 07 days running average of cases in the country has registered an unprecedented increase of 181 in the week ending 01 Jan 2022.

5. There have also been reports of increase in the infection of staff associated with patient care in the hospitals across the country, inspite of completing prescribed dosage of vaccination.

6. In view of the foregoing, SARS-CoV-2 precautions promulgated from time to time needs to be adhered to strictly by all HCWs at all the echelons. No laxity is acceptable.

7. All Comdts/CO units must ensure adequate availability of PPE kits, N-95 Masks, sanitizers, fumigators, etc. and at the same time must ensure that all the precautionary measures are in place.

8. **Dental Treatment Protocols to be Followed.**

(a) Patients should be allocated to either of the following priority groups based on the dental emergency with emphasis being provided to those requiring emergency and urgent care. Any invasive procedure which is inadvertent should be carried out after RT PCR test. The priority groups are as under :-

(i) P1 - Emergency Care
(ii) P2 - Urgent Care
(iii) P3 - Scheduled Care

(b) Only patients who have been taken both the doses of vaccine should be taken up for dental treatment unless in case of an emergency. Any patient with Fle/Flu-like symptoms should be given emergency treatment only and routine dental procedure may be postponed.

(c) On the dental chair, the patient should be draped and be made to carry out a pre-procedural mouth rinse with Chlorhexidine/Betadine. The Dental Officer should wipe the face of the patient with a disposable disinfectant face wipe. The dental assistant should ensure that least aerosolization of fluids occur while the Dental Officer carries out treatment. The use of high volume suction is advocated.

(d) The Dental officer will strictly adhere to the principles of universal protection. N-95 masks approved by NIOSH should be used to ensure quality control: out of the two pair of gloves worn, the inner pair should be of a different colour, so as to notice easily any inadvertent tears on the outer pair of gloves.

(e) Preferably external imaging technologies like OPG & CBCT should be resorted to, as intra-oral imaging may result in gag reflex activation resulting in salivary splatters however unavoidable situations a double sleeve should be used on the intra-oral sensor. Rubber dams to be encouraged so as to prevent generation of splatters.

(f) After patient gets off the dental chair, the DORA/DH must ensure that all surfaces with which the patient or aerosolized particles may have come in contact are sprayed with surface disinfectant and wiped clean.

(g) The Dental Operatory should be fumigated at the end of the working hours.

9. **General Guidelines.**

(a) While in the dental office, every patient should be considered as potentially infectious at all times, unless proved otherwise.

(b) Army Tele/mobile number of the Polyclinic unit and duty officer should be circulated to the AOR for minimizing physical contact and for tele consultation.

(c) All patients to be encouraged to report COVID like symptoms to the medical auth and to be tested at the earliest. COVID consent and relevant info to be obtained from all patients.

(d) Vaccinations of all the HCWs should be ensured and also the vaccination status of patients being taken up for treatment should be checked.

(e) Teledentistry needs to be resorted to in a big way and also measures for screening patients should be instituted.

(f) Regarding use of Air Conditioners in office and surgeries, the following points needs to be adhered to (Auth: IHQ of MoD (Army) 76910/UnOccur/ corona virus /DGMS-5B dt 11 May 2020) :-

(i) The use of air conditioners must be accompanied by outdoor air intake through slightly open windows and exhaust.

(ii) In offices where more than 2 people work sitting opposite or adjacent to each other at work stations, adequate distance of 6 ft and use of masks should be ensured in such settings.

(iii) Use of central air conditioning should preferably be avoided in current scenario.

10. This advisory has also been uploaded on echs.gov.in.

11. This letter may be circulated to all PCs under your AOR treating dental patients.

(Khushbu Mehrotra)
Lt Col
Jt Dir (Dental)
For MD ECHS

Copy to :-

O/oDGAFMS O/o DGDS	-	for info pl.

Internal :-

Ops & Coord Claim Sec C&Lsec	-	for info. P & FC Sec
Stats & Automations Sec	-	for uploading the letter on ECHS website.

Tele : 25683476

Central Organisation ECHS
Integrated HQ of Mod (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt 110010

B/49761/AG/ECHS/2022

01 Apr 2022

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ DAV/ Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

EXTENSION OF MAXIMUM TIME PERIOD FROM 15 DAYS TO 30 DAYS WITH CHANGE IN FINANCIAL CEILING FOR PURCHASING OF MEDICINES FROM THE MARKE IN CASE OF NON–AVAILABILITYIN POLYCLINIC BY ECHS BENEFICIARIES FOR REIMBURSEMENT

1. Please refer the following :-

(a) GoI, MoD letter No 22D(01)/2016/\WE/D(Res-I) dated 30 Jan 2019 (copy att)

(b) CO ECHS letter No B/49762/AG/ECHS/Medical Policy dated 08 Apr 2019 (copy att).

(c) CO ECHS letter No 8/49761/AG/ECHS/Medicine Policy dt 08 Nov 2019 (copy att).

(d) GoI, MoD letter No 22D(01)/2016/\WE/ D(Res-I) dated 25 Mar 2022 (copy att)

.

2. Existing Para 5 of CO ECHS letter given at Para 1(b) above be replaced with amended Para 5 as under :-

Para 5. Provision of Medicines & Consumables on sis to ECHS Beneficiaries if 'NA' with Polyclinic/Authorised Local Chemists(ALC)

(a) The said provision has been approved by GoI (MoD) vide letter at Para 1 above. Separate provisions exist for 'Special Conditions and 'General Conditions' which have been covered in succeeding paras.

Contd _ _ ._ ._ 2/_

(b) **'Special Conditions' for reimbursement of NA Medicines.**

(i) These are as indicated at Para 6 of Appx to MoD letter No 24(8)/03/USD(WE)/D(Res) dt 19 Dec 2003. The special conditions are :-

(aa) Post operative cases for major Cardiac Surgery/ interventional Cardiology

(ab) Obcology.

(ac) Post operative organ transplant cases. (ad)

Post operative joint replacement cases.

(ae) Post operative major Neurosurgical/Neurology cases.

(ii) Provision for Reimbursement for 'Special Conditions' at a Time.

(aa) **Non Cancer Drugs**.

(aaa) **Upto No of Days** 30

(aab) **Financial Limit** Upto Rs Rs 75,000.00 (Rupees Seventy Five Thousand only).

(ab) **Cancer Drugs.**

(aba) **Upto No of Days** 30

(abb) **Financial Limit** Upto Rs 5,00,000.00 (Rupees Five Lakhs).

(c) **'General Conditions' for Reimbursement of NA Medicines.**

(i) All conditions except those covered at Para 5 (b) (i) above will be treated as 'General Conditions'.

(ii) Provision for reimbursement of Medicines for 'General Conditions' at a Time.

(aa) **Upto No of Days.** 30

(ab) **Financial Limit.** UptoRs25,000.00 (RupeesTwenty Five thousand).

Contd 3/-

3. These amendments will come in force wef 25 Mar 2022 from the date of issue of Govt letter at Para 1 (d) above.

(Auth: GoI, MoO letter No 220(01)/2016/WEJO(Res-1) dated 25 Mar 2022)

(Panchal Kalpeshkumar S)
Lt Col
Jt Dir (Med & Eqpt)
for MD ECHS

Copy to :-

DGAFMS/DG-3A
DGMS(Army)/DGMS-5(B)
DGMS(Air Force) (Med-7)

DGMS(Navy)/Dir ECHS (Navy)
HQ Cost Guard Vetern Cell
(Email-cgvcpers@indian cost guard nic in - for your info pl.

AMA ECHS Embassy of India Nepal

UTI-ITSL

Surabhi Arcade 1st Floor

5-1-664, Bank Street
Hyderabad-5000001

Internal

Ops & Coord Claim Sec - for info

P& FC Sec C&L Sec

Stats & Automation Sec - for uploading this letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt- 110010

B/49762/AG/ECHS/Medicine Policy

08 Apr 2019

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

EXECUTIVE INSTRUCTIONS : PROCEDURE RE-IMBURSEMENT OF MEDICINES AND CONSUMABLES TO ECHS BENEFICIARIES

1. Reference GoI (MoD) letter No 220(01)/2016/WE/D(Res-1) dated 30 Jan 19 (copy attached as Encl 1).

2. Provision of assured medicine supply to ECHS beneficiaries is critical for ensuring their medical care. While various measures / provisions exist, approval of reimbursement of medicines and consumables by GoI (MoD) vide letter at Para 1 will ensure that ECHS beneficiaries are able to get their medicines timely. These executive instructions are being issued to outline the process which will be further improved based on the environmental feedback.

3. **Primary Responsibility for Provisioning of Medicines & Consumable es by SEMOs / SEDOs.**

(a) SEMOs are responsible for provision of medicines & consumable...wef 10 Oct 16 vide O/o OGAFMS letter No 19189/DGAFMS/DG-2C/ECHS dt 10 Oct 2016 .

(b) SEDOs are responsible for provision of dental medicines wet 07 Jul 2017 vide O/o DGAFMS letter No 19189/DGAFMS/DG-2C dt 07 Jul 17.

(c) SEMOs and SEDOs will continue to remain primary source of centralized medicine supply as these medicines come at most competent rates.

(d) Salient aspects of medicine management have been covered in SOP on Medicine Management issued on 05 Sep 17 vide Central Org ECHS letter No B/49762/AG/ECHS/Medicine dt 05 Sep 17.

(e) Since calculation of Monthly Maintenance Figure (MMF) was an important Input for correct provisioning of medicines a comprehensive SOP on 'Calculation of MMF in ECHS Polyclinics' has been issued on 19 Feb 19 vide Central Org ECHS letter No B/49762/AG/ECHS dt 19 Feb 19.

(f) Focus of medicine supply will remain on 'curative segment as highlighted in SOP on Treatment Management in ECHS issued vide Central Org ECHS letter No B/49770/AG/ECHS/Tr eatment dt 28 Sep 2018.

4. **Provision of Medicines & Consumables through Authorized Local Chemist (ALC) if NA with Polyclinics.**

(a) GoI (MoD) has approved provision of ALC vide their letter No 220(01)12016MIE/D(Res-I) dated 22 Aug 17 for which executive instrs were issued vide our B/49762/AG/ECHS/Medicine Policy dated 29 Aug 17. This entailed provision of an Authorised Local chemist (empanelled chemist shop) to provide 'NA' medicines immediately if within premises of ECHS Polyclinic and within 24 hr if ALC is located within municipal limits in which concerned ECHS PC was located . Minimum discount from MRP was 15% but the vendor with maximum discount was to be selected based on the laid down procedure.

(b) Based on the ground challenges , the conditions of empanelling ALC were further relaxed vide GoI (MoD) letter No 220(01)/2016/VVE/D(Res-1) d1 25 Jun
18 wherein medicines could be provided within 72 hr when ALC was located outside municipal limns. Jan Aushadhi Stores 'Were deemed empanelled as additional entity to provide NA medicines. Bank Guarantee & Turnover clauses have also been relaxed substantially .

(c) Polyclinic ceiling for monthly expdr are as under :-

(i)	**Type A & B.**	Rs 2.5 Lakhs.
(ii)	**Type C.**	Rs 1.5 Lakhs.
(iii)	**Type D.**	Rs 1 Lakh.

(d) The monetary ceiling can be further enhanced by sanction of MD ECHS as per procedure as authorized in our letter - o B/49762/AG/ CGHS Medical Policy dt 07 Jan 19. For this the case has to be initiated by controlling Station HQs.

(e) Focus of medicines supply will continue to remain on 'curative segment'.

5. **Provision of Medicines & Consumables on Reimbursement Basis to ECHS Beneficiaries if 'NA' with Polyclinic.**

(a) The said provision has been approved by Gal (MoD) vide letter at Para 1 above. Separate provisions exist for 'Special Conditions' and 'General Conditions' which have been covered in succeeding paras.

(b) **'Special Conditions' for Reimbursement of NA Medicines.**

(i) These are as indicated at Para 6 of Appx to MoD letter No24(8)/03/US{WE)/D(Res) dt 19 Dec 03. The special conditions are

(aa) Post operative cases for major Cardiac Surgery interventional Cardiology

(ab) Oncology

(ac) Post operative organ transplant cases (ad)

Post operative joint replacement cases

(ae) Post operative major Neurosurgical / Neurology cases

(ii) Positive for Re-imbursement for 'Special Conditions' at a Time.

(aa) **Non Cancer Drugs**

(aaa) **Non Cancer Drugs.** 30

(aab) **Financial Limit** Upto Rs 75,000.00(Rupees Seventy Five Thousand).

(ab) **Cancer Drugs.**

(aba) Upto No of Days. 30.

(abb) Financial Limit. Upto Rs 2,00,000.00 (Rupees Two Lakhs)

(c) **General Conditions for Reimbursement of NA Medicine.**

(i) All conditions except those covered at Para 5(b){i) above be treated as 'General Conditions .

(ii) Provision for Reimbursement of Medicines for 'General Conditions at a Time.

(aa) Upto No of Days. 15

(ab) Financial Limit Upto Rs 25,000.00 (Rupees Twenty Five Thousand)

6. **Procedure.**

(a) When an ECHS beneficiary reports to an ECHS Polyclinic for OPD treatment or after discharge from Service/ Govt/ Empanelled Hospital for collection of medicines and consumables. ECHS Polyclm1c will provide the medicines and consumables from SEMO/ SEDO supplied resource as available 1n ECHS Polyclinic

(b) If the medicine 1st 'NA', attempt will be made to provide the same through ALC and/ or Jan Aushadhi Stores empanelled

(c) If the medicine is 'NA' from ALC as welt, NA certificate wm be issued as per enclosed format (Encl 2) by OIC PC. Vitamins and supplements should not be included in 'NA' certificate.

(d) While issuing the NA certificate, OIC Polyclinic should ensure that the certificate has the names of the medicines in 'generic form'/ salt details preferably. Branded drugs if prescribed should be supported with due medical justification by the prescribing doctor. The OIC PC should ensure that no substitute of the same is available in the generic form before issuing NA certificate for .branded, drugs.

(e) Medicine bill has to be in the name of ECHS beneficiary as given in ECHS card of the beneficiary. Any variation will make the claim 'Null & Void'.

(f) NA should be given for minimum No of days (subject to stipt,1lation as per Para 5 above) by which assured availability of medicines through SEMO/SEDO/ ALC can be issued to the patient viz if a patient requires medicines for 15 days but availability of needed medicines can be ensured after five days., NA Will be given for five days only. It would be the responsibility of the PC to inform the ESM via SMS or telephonically , when the medicines are available in PC, in order to ensure that ECHS beneficiary is not made to run around. A fin balance between financial probity and inconvenience to ECHS beneficiary has to be maintained.

(g) Bills will be processed as individual reimbursement bill through dependant Polyclinic and paid by concerned Regional Central by funds allotted under Code Head 365/00 .

(h) List of Documents to be submitted to OIC of parent PC for processing of the claim:-

(i) Copyof ECHSCard.
(ii) Prescription Slip.
(iii) NA certificate as per Encl 2.
(iv) Bill.
(v) Copy of cancelled cheque with bank details.

(j) Duties of OIC PC.

(i) OIC PC will verify the following things:-

(aa) Individual details to be verified with smart card database. (ab) Medicines in the bill are the same as written in NA certificate.

(ac) The No of days for which the medicine is purchased is the same as endorsed in NA certificate. Bills submitted are within laid down limits based on Special/ General Conditions. ·-

(ad) Bill should include GST/TIN.

(ii) Upload the bill though UIT-BPA as individual reimbursement bill.

7. This policy will comes in force wef 30 Jan 19 from the date of issue of Govt. letter at Para 1 above.

8. This has approval of MD ECHS.

(DKDubey)
Gp Capt
Offg Dir (Med)
for MD ECHS

Encls As above.

Copy to :-

MoD (DoESW) - for info wrt your letter at Para 1 above. CGDA - for info wrt mode and Code Head of Budget

O/o DGAFMS
AG Branch
DG DC&W Sectt
DGMS (Army) - for info pl
DGMS(Navy)
DGMS(Air) DGDS
UTI-BPA - for processing of bills as per Govt policy and instructions contained in this letter.

Internal

All Secs - S&A Sec for uploading on ECHS website and informing UTI BPA

No.220(01)/2016/WEID(Res-I)
GovernmentofIndia
Ministry of Defence
Department of Ex-Servicemen Welfare Government
of Indla
Room No. 221, B Wing, Sena
Bhavan, New Delhi.

Dated 30th January,2019

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: **Supply of Medicines to ECHS Beneficiary and amendment to Provision regarding Authorised Local Chemist (ALC).**

Sir,

In continuation of MoD letter of even no. Dated 25-6-2018 the sanction of the Competent Authority in MoD is conveyed for re-imbursement of medicines and consumables In respect of ECHS beneficiaries for maximum period of 15 days at a time subject to maximum value of medicines and consumables not exceeding Rs.25,000/- each time under general conditions and 30 days at a time subject to maximum value of medicines and consumables not exceeding Rs.75,0001- each time except in case of cancer drugs where the maximum va4ue of medicines and consumables would b Rs.2,00,000/- each time under special conditions. This would be further subject to obtaining 'Non Availability Certificate (NAC) from OIC ECHS, Polyclinic. The special conditions would be as indicated in para 6 of Appendix to MoD letter No.24(8)/03/US(WE)/D(Res -I) dated 19-12-2003.

2. This issues with the concurrence of Defence (Finance/Pension) Vide their UO No 10(3)/2016/Fin/Pen dated 17-1-2019.

Yours faithfully

(A.K Kam)
Under Seccetary to the Govt. of India

Copy to :-

1 CGDA New Delhi
2 DGADS, New Delhi
3 SOto Def nee Secretary /PPS to Secretary, ESW
4 PPS o AS(T)/PPS to AS(I)
5 Addl FA (RK) & JS
6 JS/ (ESW) JS/(0/N)
7 Director (Finance/AG)
8 DFA (B)/DFA(N)DFA(Air Force)
9 AFA (B-1)
10 D(Work)/D(Mov)/D(Med)
11 O & M Unit
12 MD, ECHS

NA CERTIFICATE

Enclosure2 (Refer to Para 6(c)

1. No ..... Rank _____ Name _____ i
ECHS Card No _____ an eligible ECHS beneficiary.

OR

Name _____. ECHS card No is an eligible ECHS beneficiary and is

Wife/Husband/Son/Daughter/Brother/Sister/FATHER/Mother of No _____
Rank _____ Name _____ ECHS card

No _____ Aadhar Card No _____

2. The following medicines are 'Not Available' in ECHS Polyclinic _____
on _____ dependent on SEMO(/SEDO as the case may be)
_____

Ser No	Medicine name (with salt name)	Frequency of Consumption	No of days	Remarks
(a)				
(b)				

3. The above medicines cannot be provided through ALC as well.

4. This medicine forms part of 'Special Condition'/ 'General Conditions' (Score out which is not applicable).

5. Individual is permitted to purchase and claim reimbursement of above medicines for (No of days) with financial limit as laid down.

Sign of OIC Pharmacy At ECHS PC (with date)

Sign of Medical Offr (with date)

Sign of OIC PC (Stamp with date)

Tele 25683476

Central Organisations,ECHS
Integrated HQ of Mod (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/Medicine Policy

08 Nov 2019

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQWestern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (AIECHS)
AMA ECHS Embassy of India. Nepal
All Regional Centers

AMENDMENT TO EXECUTIVE INSTRUCTIONS/PBOCEQURE FOR RE IMSURSEMENT OF MEDICINES AND CONSUMBALES TO ECHS BENEFICIARIES

1. Ref Central Org ECHS letter No B/49762/AG/ECHS/Medici ne Policy dt 08 Apr 2019 Fwg amendments are being done to simplify the reimbursement procedure based on feedback de from envt.

2. The fwg document will be required for reimbursement of medicines and consumables

(a) There will be no requirement of a separate NA certificate . Since the prescription holds all the details, the same will be treated as NA certificate. The prescription will be signed by Pharmacist and countersigned by OIC PC after Issuing the available medicines and NA medicines will be indicated on the prescription only.

(b) The bill for medicines purchased by the ESM should be in the name of ECHS beneficiary as given in ECHS card.

(c) A cancelled cheque / photocopy of the same to be submitted If the ESM is claiming the bill for the first time. The same Is not required subsequently. The onus of ensuring correct bank details will rest with the ESM.

3. Vitamins and supplements (incl adult diapers) to be included in prescription slip ONLY if they are prescribed for some ailment/disease as primary treatment.

4. The veterans are allowed to submit a consolidated bill for the complete duration of NA (each NA will however not exceed 15/30 days as specified under gen/special condition)

5. Balance documents such as copy of ECHS card, NA certificate with signature of three officers, individual contingent bill revenue stamp and file cover etc will be done away with .

6. **Procedure for processing NA Med Claim by OIC PC**

(a) OIC PC to prepare a contingent Bill once every fortnight & fwd it to RC after digitally signing the same (by OIC & Cell) via email or submitting on hard copy.

(b) Hard copies of bills of all claim mentioned in the contingent bill to be submitted to the RC by the 30th every month to enable processing for adult.

(c) Form to Contingent Bill (PC wise) att as per appx to this letter

7. These amendments shall come to effect forthwith and pending bills will also be governed by this procedure this has the approval of MD, CO ECHS.

(Anupam N Adhaulia)
Col
Dir (Med)
For MD ECHS

Copy to:-

MoD(DoESW) CGDA
Office of the DGAFMS, DG-2 (Plg)
Ministry of Defence, 'M' Block, New Delhi - for info pl.
Adjutant General's Branch (AG Sectt)
IHQ of MoD(Army), New Dethi-110011

DG DC&W Sectt DGMS
(Army) DGMS (Navy)
DGMS (Air) DGDS
UTI-BPA - for processing of bills as per Govt. policy and instructions contained in this letter.

Internal

All Secs - S&A Sec for uploading on ECHS website and informing UTI - BPA

Appex to CO ECHS letter No. B/49761/AG/ECHS/Medicine Policy dt. Nov 2019

DETAILS OF REIMBRUSEMENT OF NA MEDICINE IN R/O ECHS POLICLINIC

S. No.	Name of ECHS	Name of Patient	ECHS Card No	Duration of NAC in Days	NA Medicine Bill No and Date	NA Medicine Bill No and Date	Amt Admitted	Bank Acct No	Payee Name	IFSC Code	Bank Name	Bank Address	Mob No

Certificate :-

It is certified that above mentioned NA medicine bills personally checked by me and found correct and I shall be responsible for settlement of an audit objection arising in future.

Sig of OIC _____ Sig of OIC ECHSCell _____

No.220(01)/2016/WEID(Res-I)
GovernmentofIndia
Ministry of Defence
(Department of Ex-Servicemen Welfare) 221,B Wing,
Sena Bhavan, New Delhi.

Dated 25th March, 2022

To ,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject :- Re-imbursement of cost of Not Available (NA) medicine and consumables under ECHS.

Sir,

1. In supersession of MoD/ DoESW Letter of even number dated 3om January. 2019 on the subject cited above. the sanction of the Competent Authority in MoD is conveyed for reimbursement of cost of medicines and consumables, purchased from open market , Not Available (NA) at ECHS Polyclinic *t* Author ized Local Chemist in respect. of ECHS beneficiaries for maximum period of o days at a time subject lo the maximum. value of medicines and consumables not exceeding Rs.25,000/· each Ume under the general conditions and Rs.75.000/ each time under the special conditions except in case of Cancer Medicines where the maximum value of medicines and consumables would be Rs.5.00,000/- each time. This would be further subject to obtaining Non Availability Certificate (NAC) from OIC ECHS. Polyclinic. The special conditions would be as indicated in para 6 of Appendix to MoD letter No.24(8)/03/US(WE)ID(Res) dated 1912-2003.

2. This issues with the concurrence of Defence (Finance/Pension} vide their ID Note No. 10(03)/2016/Fin/Pen. dated 23.02.2022.

Yours faithfully

(N C Pasi)
Under Secretary to the Govt. of India
Tele:- 23014946

Copy to :

1. CGDA,New Delhi
2. CGADS, New Delhi
3. SO to Defence Secretary PPStoSecretary, ESW
4. Addl FA & JS (RK)
5. JS(ESW)/JS, /(O/N)
6. Director (Finance/AG)
7. DFA (Pension)
8. AFA (B-1)
9. D(Med)
10. O & M Unit
11. MD, Unit
12. DoESW' website coordinator :- For uploading on DoESW website.
13. Office Guard file

Tele 25683476
Mil:36833

Central Organisation ECHS
Adjutant Generals Branch
Integrated Headquarters MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt -110010

B/49769/AG/ECHS

26 Apr 2022

All RCs

ISSUE OF MEDICINE FOR VETERANS GOING ABROAD

1. Refer to letter B/49761/AG/ECHS/2021 dated 23 Dec 2021 (copy att).

2. According to Para 2(i) of the above letter ECHS beneficiary proceeding to a foreign country for 3 months or more from the date of leaving India will be entitled to receive medicines for the duration of his stay in the foreign country upto a max of six months or less. Veterans are finding it difficult to get the required quantity of medicines due to non-availability in the polyclinic.

3. In order to maintain continuity in treatment and avoid any difficulties to the beneficiaries in a foreign country, it is necessary that proper procedure is put in place to facilitate the veteran to get his quota of medicine prescribed by the treating physician.

4. To provide adequate time to the polyclinics to make the required quantity of medicines available, the beneficiaries are requested to intimate the polyclinic about their impending visit and the duration of stay well in advance. Following documents will be attached to an application as proof of his movement to a foreign country:

(a) Documentary evidence of visit to a foreign country i.e.copy of Passport, Visa and copy of the tickets.
(b) Copy of the ECHS Card.
(c) Valid prescription of the treating physician for issue of medicines for the duration of the visit.
(d) Next due date for review should be clearly mentioned in the documents.

5. The required type and quantity of medicines for the duration will be dispensed from the parent polyclinics. Adequate time should be given to the OIC Polyclinic to procure the medicines if it is NA or short supply in the parent polyclinic. Efforts will be made to procure the same through SEMO when adequate time is available or from the ALC when NA in the polyclinic.

6. beneficiary, the veteran may be given NA certificate for the required medicines for the If the procurement of medicines is not successful before the departure of the duration. Based on the NA certificate the beneficiary will be allowed to purchase tne NA medicines from the market and obtain reimbursement.

7. It is mandatory for the beneficiary to be reviewed by his treating physician for regulation of dose and other medical parameters immediately on return from the foreign visit.

8. This has the approval of MD ECHS.

9. The contents of this letter may be disseminated to all PCs under your ACOR

(A C Nishil)
Col
Dir (Med)
For MD ECHS

Copy to:

MoD/DoESW CGDA		
UTI-ITSL(BPA)	-	forinfo pl
SDCPL		

Internal

All Sec	-	for info
Stats & Automation Sec	-	for uploading on website

25083476

Central Organisation ECHS
Integrated HO of IMoD (Armny)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

49761/AG ECHS/2021

23 Dec 2021

(All Regional Centres)

AMENDMENT: ISSUE OF MEDICINES FOR LONGER DURATION (90 DAYS) PARA 13 (c) OF SOP ON MEDICINE MANAGEMENT DT 05 SEP 2017

1. Pl ref to the Para 18 (q) of SOP on Medicine Management dt 05 Sep 2017.

2. The existing Para 18 (g) of the SOP on Medicine Management is reconstituted and amended to read as under

READ

Para 18 (a): Issue of Medicines for Longer Duration

(i) ECHS beneficiary proceeding to a foreign country for three months or more from the date of leaving India will be entitled to receive medicines for duration of his stay in foreign country or six months whichever is less. Visa/air tickets will be checked and OIC Polyclinic will satisfy himself. NDD (Next Due Data) will be correctly recorded.

(ii) In case of Bed ridden patients as well as chronic cases as given above subject to endorsement of medical officer/specialist of Polyclinic that "No review required for 90 days", the beneficiaries will entitled for receiving medicines for a maximum duration of three months (90 days).

(iii) Patients from Hilly region/difficult areas where commuting is difficult viz Jammu & Kashmir, Himachal Pradesh, Uttarakhand, North East regions and other difficult areas will be entitled to receive medicines for a maximum duration of three- months (90 days).

(iv) While issuing the medicines for longer duration as mentioned above, following will be ensured

(aa) Medicines will only be given if issue does not affect other patients at the patients adversely which will be at the discretion of OIC Polyclinic keeping stock position of Medicine in mind.

(ab) Medicines procured out of local purchase powers of OIC Polyclinic or from Authorised Local Chemist will not be issued for three months.

(ac) It will be mandatory for the patient to be reviewed by the doctor for regulation of doses of medicines after three months or on return from foreign Country.

(v) Doctors of Polyclinic will be accountable for the prescriptions being Written.

3. The above reconstituted para be replaced in the said SOP.

4. This has the approval of MD ECHS.

5. You are requested to disseminate the contents of this letter to all PCs under your AOR.

(SK Gupta)
Col
Jt Dir (Med)
for Dir (Med)

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MoD(Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/Medicine Policy/2022

10 Jun 2022

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

EXECUTIVE INSTRUCTIONS: DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please ref the fwg (copies attached) :-

(a) GoI (MoD/DoESW) letter No 24(8)03/US(WE)/D (Res) dt 19 Dec 2003.

(b) Central Org ECHS letter No 8/49761/AG/ECHS/Policy dt 31 May 20 18.

(c) Min of Health & Family Welfare O.M. No. 1-19/2018/CGHS(HQ)/R&H/EHS dated 03 Jun 2019 .

(d) GoI (MoD/DoESW) letter No 18(114)/2017/WE/D(Res -I) dt 18 Sep 2019.

(e) Central Org ECHS letter No 8/49761/AG/ECHS dt 09 Dec 2019.

(f) Min of Health & Family Welfare O.M. No. S.11011/37/20 19-ECHS dated 01 Dec 2020.

2. The responsibility of providing Domiciliary Medical Equipment to ECHS beneficiary and their dependents rest with SEMO (Commandant/CO Service Hospital) when use of such equipments is **considered essential on medical grounds on recommendation of the Service Specialist/Government Hospital Specialist**. The cost of equipment will not exceed CGHS rates as amended from time to time. The prevailing CGHS rates of listed Domiciliary Medical Equipments are given in **Appx 'A'.**

3. **Issue Procedure**.

(a) **Through SEMO**. Based on advise of concerned Specialist of Service/Govt hosp, OIC ECHS Polyclinic will forward demand to SEMO. SEMO will procure the said Domiciliary Medical Equipment and issue the same to the ECHS beneficiary. Copy of IVs and RVs will be forward to ECHS Polyclinic for record. If demand is not fulfilled within 90 days of the receipt of demand from the polyclinic, then NAC should be given by SEMO and the sup order should be cancelled.

(b) **Individual Reimbursement : Grant of Prior Sanction.** Based on advise of concerned Specialist of Service/Govt hosp, ECHS beneficiary has an option to purchase the Domiciliary Medical Equipment and claim reimbursement after taking prior approval as per following procedure :-

(aa) **Domiciliary Medical Equipment for Which Ceiling Rates are available.**
ECHS beneficiary requests for prior sanction from concerned Director RC ECHS through OIC ECHS Polyclinic based on recommendation of concerned Specialist of Service Hospital or Government Hospital. Director RC ECHS will issue prior sanction letter to the individual beneficiary based on the recommendation of aim specialists and request by the beneficiary.

(ab) **Domiciliary Medical Equipment for Which no Ceiling Rates are available**. Domiciliary Medical Equipment other than those listed in Appx 'A', like Insulin pump etc which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and are recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt Hospital Specialist will require prior sanction of the High Power Committee as mentioned vide Para 5 of GoI (MoD/DoESW) letter No 22A(37)2018/WE/D (Res-I) dated 15 Jan 2019. Composition of the High Power Committee would be as under :-

(a)	JS, ESW	-	Chairman
(b)	Government Hospital Specialist Doctor (of concerned specialty)	-	Member
(c)	Director/OS/US, DoESW	-	Member.
(d)	Director (Medical), CO ECHS	-	Member
(e)	Representative of MoD (Fin/Pen)	-	Member-Secretary

(ac) Once prior sanction is obtained, the equipment can be purchased by the ECHS beneficiary and claim may be submitted to OIC PC who will verify documents and upload the claim as individual reimbursement on BPA portal. Reimbursement will not exceed prevailing CGHS rates.

(ad) Following documents should be submitted by ECHS Beneficiary for claiming reimbursement of Domiciliary Medical Equipment : -

(aa) Prior sanction letter of Director RC ECHS.

(ab) Original Bill of Domiciliary Medical Equipment or High Powered Committee.

(ac) Contingent Bill.

(ad) Cancelled Cheque/Bank details of beneficiary.

(ae) Copy of ECHS Card of beneficiary.

4. **Consumables.** The consumables for the equipments will be procured by SEMO/ComdUCO Hosp and issued under arrangements of OIC Polyclinic. In case item is NA medical stores of Polyclinic, consumables will be issued through Authorised Local Chemist (ALC). If the same is not available in ALC/dispensary of ECHS Polyclinic then NA on prescription will be given to the beneficiary based on which he/she can purchase from local market and claim reimbursement.

5. **Repair & Maintenance/Annual Maintenance** . Cost of repair & maintenance will be borne by the beneficiary themselves and will not be reimbursable.

6. **Replacement of Domiciliary Medical Equipment.** Request for replacement of Domiciliary Medical Equipment after completion of five years can be processed based on condition of the equipment. Following procedure will be adopted for Replacement of Domiciliary Medical Equipment :-

(a) **Domiciliary Medical Equipment procured by SEMO** . If Domiciliary Medical Equipment is procured and issued by SEMO and equipment is non-functional after completion of five years of purchase, Un-serviceability Certificate will be obtained by OIC ECHS Polyclinic from Authorised Service Engineer of OEM with assistance of SEMO if required. Based on Un- serviceability Certificate, Replacement of Domiciliary Medical Equipment can be processed in similar manner as for the first issue of machine/equipment.

(b) **Domiciliary Medical Equipment procured by Individual Beneficiary.** If the Domiciliary Medical Equipment is non-functional after completion of five years of purchase, then Individual beneficiary should obtain Un-serviceability Certificate from Aurhorised Service Engineer of OME of that Domiciliary Medical Equipment. Based on Un-serviceability Certificate, Replacement of Domiciliary Medical Equipment can be processed in similar manner as for the first issue of machine/equipment.

(c) In case Domiciliary Medical Equipment becomes unserviceable before five yrs, the warranty conditions will apply if the eqpt is under warranty. If the warranty period is over, similar procedure as given out in Para 6 (a) & 6 (b) above will be followed.

7. **Expenditure.**

(a) The expenditure on procurement of Domiciliary Medical Equipment by the SEMO will be

(b) The expenditure on procurement of Domiciliary Medical Equipment by the individual beneficiary will be debited to Major Head 2076 Minor Head 107 Code Head 365/00 for which the payment will be made by respective Regional Centres as per extant procedure for payment of individual reimbursement.

8. **CFA.**

(a) **Domiciliary Medical Equipment procured by SEMO .** CFAs will be as per schedule 2.4, DFPDS-2016 as amended from time to time.

(b) CFA for individual reimbursement of cost of Domiciliary Medical Equipment will be as per Para 1 of Govt of India, Ministry of Defence (DoESW) ID No 25(01)/2018M'E/D(Res-I) dt 09 Jul 2019 as amended from time to time.

9. These instructions will supersede all previous policy letters issued earlier with respect to issue of Domiciliary Medical Equipment to ECHS beneficiary.

10. This has approval of MD ECHS.

(Panchal Kalpeshkumar S)
Lt Col
Jt Dir (Med)
for MD ECHS

Copy to :-

DGAFMS/DG-3A
DGMS (Army)/ DGMS - 5 (B)
DGMS (Air Force) (Med-7)
DGMS (Navy)/ Dir ECHS (Navy)

HQ Cost Guard Veteran Cell - foryour info pl.
(Email-cgvcpers@indian cost guard.nic.in)

AMA ECHS, Embassy of India, Nepal

UTI-HTSL
Surabhi Arcade, 1st Floor 5-1-664,
Bank Street,
Hyderabad-5000001

Internal

Ops & Coord - For info pl.
Stats & Automation Sec - for uploading this letter on ECHS website.
Claim Sec - For info pl.

Appx 'A'
(Refer to Central Org ECHS
letter No B/49761/AG/ECHS/
Medicine Policy/2022 dt 1o Jun 2022

Ser No	Eqpt	Recommended By Concerned	Ceiling Rate	Remarks
		Specialist of Service Hosp/Govt Hosp		
(a)	CPAP/BIPAP machine	Respiratory Medicine Specialist/Medical Specialist	(i) CPAP - Rs 45 ,000/- + GST. (ii) BIPAP(earlier Bi-Level CPAP) - Rs 68,000/- + GST. (iii) Bi-Level Ventilatory System - Rs 1,05,000/- + GST.	
(b)	Hearing Aid	ENT Specialist	(i) Digital STE - Rs 8,000/- + GST. (ii) Digital ITC/ CIC - Rs 9,000/- + GST.	(i) The cost of BTE type hearing aids shall also include the cost of hearing mould. (ii) The cost of ITC/CIC type hearing aids shall also include the cost of customised shell. (iii) Body worn/ pocket type category and Analogue BTE category with ceiling rates Rs 3,000/- per ear and Rs 7,000/- per year have been excluded, since they have become obsolete.
(c)	Artificial Appliances Related to Mobility Aids	Neuro Surgeon/Neuro Physician/ Orthopaedician/ Surgeon	(i) The appliances will be allowed for re- issue on completion of 5 yrs in case of adults and 2 yrs in the case of children except motorized wheel chair and tricycle. (ii) Motorized wheel chair and tricycle may be re-issued after 5 Yrs irrespective of age. (iii) Approved rates as per APPX 'B'.	

Ser No	Eqpt	Recommended By Concerned Specialist of Service Hosp/Govt Hosp	Ceiling Rate	Remarks
(d)	Nebuliser, Glucometer, Oxygen Concentrator	Medical Specialist	(i) OxygenConcentrator Rs 45,000/ + GST. (ii) Nebuliser - Rs 3,000/- or actual cost whichever is less. (iii) Glucometer - CGHS rate	
(e)	Any other item recommended for domiciliary use authorized under CGHS scheme	Concerned Specialist	CGHS rates will apply	

Appx 'B'
(Refer to Central Org ECHS
letter No B /49761/AG/ECHS/ Medicine Policy/2022
Dated 10Jun 2022

MOBILITY AIDS

Ser No	Name of Orthosis	Approved Rate/Price (Child above 12 Yrs)	Approved Rate/Price (Child 7-12 Yrs)	Approved Rate/Price (Child 0-6 Yrs)
1.	Walking Stick (Adjustable Aluminium)	Rs 350/-	Rs 350/-	Not Applicable
2.	Tripod/Quadripod walking stick Aluminium	Rs 750/-	Not Applicable	Not Applicable
3.	Auxiliary Crutch/Elbow crutch (Aluminium Adjustable)	Rs 850/-	Rs 650/-	Not Applicable
4.	Walking/Rollator (Aluminium)	Rs 1500/-	Rs 1200/-	Rs 900/-
5.	CP Chair/CP Stand	Not Applicable	Rs 7300/-	Rs 7000/-
6.	Commode Chair	Rs 2500/-	Rs 2500/-	Not Applicable
7.	Wheel Chair Folding (Chrome Plated)	Rs 7000/-	Rs 4000/-	Not Applicable
8.	Motorized Wheel Chair :-			
	Quadriplegic wheel chair with chin and head control	Rs 1,10,000/-	Not Applicable	Not Applicable
	Quadriplegic wheel chair with joy stick	Rs 60,000/-	Not Applicable	Not Applicable
	Motorized wheel chair (Handle driven)	Rs 35,000/-	Not Applicable	Not Applicable
9.	Tricycle Hand Propelled	Rs 6000/-	Not Applicable	Not Applicable

No. 24 (B)/03/US/WE/D(RES)

Government of India
Ministry of Defence

New Delhi, 19 Dec 2003

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : Procedure for Payment and reimbursement of medical expenses under ECHS

Sir,

1. With reference to Govt of India, Ministry of Defence letter No. 22(1)/01/US (WE)/D(Res) dated 30th Dec 2002 I am directed to convey the sanction of the President for adoption of the Procedure for payment and reimbursement of medical expenses under ECHS.

2. The procedure will be reviewed after one year or as and when required, whichever is earlier.

3. This issues with the concurrence of Ministry of Defence (Finance) vide their TJ.O No. 1363/PD/03 dated 17.12.2003.

Yours faithfully,

(V.K.JAIN)
Under Secretary to the Govt. of India

Copy to:-

1. CGDA, New Delhi
2. SO to Defence Secretary
3. PPS to FA (DSJ
4. PPS to AS (Acquisition)
5. PPS- to AS (T)/PPS to S(I)
6. Addl FAB) /Addl.FA(v0
7. JS(ESW)
8. JS(O/N)
9. Dir(Finance/AG)
10. Defence (Finance/AG/PD)
11. DFA (B) / DFA (N) / DFA (Air Force)
12. AFA (B -1)
13. D (Works) / (D (Mov) / D (Med)
14. O&MUnit

Also to:

15. DGAFMS
16. DGDE, New Delhi
17. DGD C&W
18. QMG
19. DGMS
20. DGMS (Air)
21. DGMS (Navy)
22. AOA
23. COP
24. MD Central Org ECHS
25. ADG C&W
26. DG(Works) , E-in-c Branch
27. ADG (FP)
28. A11 Command Headquarters 'A' Branch
29. AG Branch/CW - 3
30. Naval Headquarters (PS Dte)
31. Air Headquarters (PS&R)

Copy signed in ink:

32. CDA (army), Bangalore
33. CDA (WC), Chandigarh
34. CDA Army), Patna
35. CDA (SC) , Pune
36. CDA(Army), Meerut
37. CDA (NC),.Jammu
38. CDA (Officers), Pune
39. CDA (Navy), Bombay
40. CDA (AF), Dehradun
41. CDA (Army) ,Jabalpur
42. CDA (Army), Secunderabad
43. CDA (Army), Lucknow
44. CDA (Army) , Chennai
45. CDA (HQ EC), Kolakata
46. CDA (AF), Delhi
47. CDA (Army), Guwahati

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

PROCEDURE ON PAYMENTS AND REIMBURSEMENTS FOR MEDIAL EXPENSES AUTHORISATION

1. The authorization for payments to empanelled Hospitals, Nursing Homes, Diagnostic Centres and re-imbursement of medical expenses to Ex-Servicemen is as per para 2(j) of Govt of India letter No 22 (1) /01/ US (WE) / D (Res) dated 30 Dec 2002.

REFERRAL TO HOSPITALS

2. Military stations: Ex-servicemen (ESM) and their dependents requiring hospital admission will, in normal course, be referred to service hospitals, in the station. For this purpose Director General Armed Forces Medical Services (DGAFMS) will earmark a suitable proportion of beds in all service hospitals for ECHS beneficiaries (except during war / operational commitments). In case of non-availability of beds/facilities in service hospital, patients will be referred to empanelled hospitals for admission.

3. Non Military Stations: In non-military stations, ESM and their dependents will be referred to nearest service hospital / empanelled hospitals by Medical officer of ECHS polyclinic.

PAYMENT TO EMPANELLED HOSPITALS / NURSING HOMES / DIAGNOSTIC CENTRES.

4. The payments by ECHS to the empanelled Hospitals, Nursing Homes and Diagnostic Centres will be governed by the following procedure:-

(a) **Referral to Empanelled Hospital / Nursing Home / Diagnostic Centre.** Payment of bills to empanelled concern will only be authorised when patients are referred from ECHS polyclinic for necessary treatment / investigation. Hospitals will only treat patients for conditions for which they have been specifically referred from the ECHS polyclinic, except in life saving / emergency situations.

(b) **Payment of charges to Empanelled Hospitals / Diagnostic centers.**

(i) The rate of payment to empanelled hospitals / Diagnostic centers in cities / towns covered under CGHS will be governed by the package deal rates as laid down for CGHS. The rates laid down for CGHS for various towns / cities will be applicable for ECHS polyclinics located in corresponding/adjoining geographical areas.

(ii) For the polyclinics located in cities/ towns not covered under CGHS, the rates of payment to the Empanelled Hospitals/ Diagnostic centers will be negotiated and fixed by ECHS based on the facilities available and the prevailing market rates. The rates so fixed will, in any circumstances, not exceed the CGHS rates applicable to the nearest cities / towns covered under CGHS.

(iii) For diseases and conditions not in the list of CGHS package deals, the payment to the empanelled Hospital / Diagnostic centre would be at rates of AIIMS New Delhi or actual, whichever is less. Where AIIMS rates are not available, the actual cost of drugs and room rent etc will be reimbursed.

(iv) The package deal rates will include all charges pertaining to a particular treatment/ procedure including admission charges, accommodation charges, ICU / ICCU charges, monitoring charges, operation theatre charges, operation charges, anaesthetic charges, procedural charges / surgeons fee, cost of disposables, surgical charges and cost of medicines used during hospitalization, related routine investigations, physiotherapy charges etc.

(v) The package rate does not include diet, telephone charges, TV charges and cost of cosmetics, toiletry and tonics. Cost of these, if offered, on request of patient will be realized from individual patient and are not to be included in package charges.

(vi) The package deal includes

- 12 days for specialized procedure
- 7-8 days for other procedures
- 3 days for laparascopic surgery
- 1 day for day care / minor procedures (OPD)

(vii) If the beneficiary has to stay in the hospital for his / her recovery for more than the period covered in the package rate, the additional reimbursement will be limited to room rent as per entitlement, cost of prescribed medicines and investigations, doctor's visits (not more than 2 times a day) for additional stay.

(viii) If one or more treatment procedures form part of a major treatment procedure, package charges would be made against the major procedures and only half of approved charges quoted for other. Procedures would be added to the package charges of the first major procedure.

(ix) The rate will be applicable only for allopathic system of medicine. No charges will be reimbursed for Homeopathic, Unani, Ayurveda or traditional systems of medicines.

(x) An empanelled hospital / diagnostic centre whose rates for a procedure / test / facility are lower than the approved rates shall charge the beneficiaries as per actual. Expenditure in excess of approved / package deal rates would be borne by the beneficiaries.

(xi) Any legal liability arising out of such service shall be dealt with by the empanelled hospital, nursing homes and diagnostic centers who shall alone be responsible. ECHS will not have any legal liability in such cases.

(c) **Allied Charges**

(i) Diet charges. ECHS beneficiaries having basic pension up to Rs. 2025/- per month will be entitled to free diet during hospitalization in empanelled hospitals. In case suffering from T.B. or mental diseases, beneficiaries with basic pension up to Rs. 3000/- per month will be entitled to free diet during hospitalization.

(ii) Special Nursing / Attendant Charges. Special nursing charges and / or Attendant charges will be admissible when such nursing / attendance is essential for recovery / prevention of serious deterioration of the patient as certified by the Medical Officer in- charge of the case. The approval of SEMO/SMO/PMO will be obtained through the concerned polyclinic in all such cases. The rate ceiling for special nursing and Attendant will be as per guidelines of the CGHS. Special nursing / Attendant will be applicable only for patients admitted in hospitals / nursing homes and will not be applicable in residence.

(iii) Entitlement for indoor treatment. Charges as applicable to CGHS will apply. ECHS beneficiaries shall be entitled to General / semi private / private ward facility in empanelled hospitals according to their monthly pension as under.

Monthly Pension (Rs)	Entitlement of Hospital beds
5251 and above	Private ward
3751 to 5250	Semi private ward
3750 and less	General ward

(iv) AC Charges. AC charges will be included in rate for ICU /ICCU patients, private ward patients and specialty treatment patients. In all other conditions where AC is absolutely essential for treatment of the patient, such charges will be included with a necessary certificate from the treating physician.

(d) **Bills.** The bills from the empanelled hospital will include the following:-

(i) Medical advance drawn, if any.
(ii) Referral slip from polyclinic & photocopy of ECHS card.
(iii) Copy of admission and discharge slip
(iv) Summary of the case, including outcome.
(v) consultation charges/ Diagnostic / Package charges as applicable .
(vi) Other charges if any, not included above (to be specified).

(e) **Mode of Payment.** Bills are connected documents will be submitted by Hospitals, Nursing homes and Diagnostic centers to the polyclinic from where the patient was referred. Officer In-charge (OIC) polyclinic will authenticate the bills and forward to concerned Senior Executive Medical officer (SEMO) / principal Medical officer (PMO) / Senior Medical Officer (SMO) for security and onward dispatch to station Headquarters for payment. Payment will be made by cheque and will be subject to post-audit.

(f) **Treatment at Military Hospitals.** Hospital stoppage Rolls and any other charges expended for treatment in Military Hospitals will be paid in full by the member and is not reimbursable.

SPECIALITY TREATMENT

5. The procedure for referral and reimbursement for specialty procedures will be as follows:-

(a) **Specialized tests and treatment**

(i) Referral procedure. Ex-servicemen pr dependents will only be referred to the empanelled hospitals / diagnostic centers for specialized tests and treatment by the specialist at polyclinic, specialist of service hospital or specialist at empanelled hospitals / diagnostic centre. Only in case of emergencies and life threatening situations will a non specialist medical officer of the polyclinic refer a patient directly for specialized tests and treatment. In such cases, a certificate to this effect will be

(v) Tata Memorial Hospital, Mumbai (for oncology)
(vi) JIPMER. Pondicherry.
(vii) Christian Medical college, Vellore.
(viii) Shankar Nethralya, Chennai
(ix) Medical colleges and Hospitals under the Central or State Governments.

6. Under certain special circumstances reimbursement of cost of medicines will be permitted only if the patient was referred by polyclinic for specialty treatment and the medicines were prescribed to be taken with immediate effect on discharge. The special conditions are:-

(a) Post operative cases of major cardiac Surgery/ Interventional Cardiology.

(b) Oncology.

(c) Post operative organ transplant cases.

(d) Post operative joint replacement cases.

(e) Post operative major Neurosurgical / Neurology cases.

7. The ex-serviceman should present the suitable prescriptions for medicine for above conditions to the OIC polyclinic immediately after discharge. A special demand for medicines will be raised by the OIC polyclinic, through usual channels to the AFMSD. The drugs will be procured from AFMSD under the normal procedures. Drugs will be procured from concerned SEMO if 'Not Available' at AFMSD. In the interim, drug purchased by ex- servicemen, is reimbursable. The period of reimbursement in such cases will be limited to one month after date of discharge from Hospital or date of issue of medicines from Polyclinic whichever is earlier.

EMERGENCY TREATEMENT

8. In emergencies and life threatening conditions, when patients may not be able to follow the normal referral procedure, the patients may report to the nearest hospital, preferably empanelled.

(a) **Empanelled Hospital** – Immediate emergency treatment in any empanelled hospital will be rendered to ESM on confirmation of ECHS membership form the ECHS card. Payment for such treatment will be regulated as under:-

(i) Empanelled hospital will inform ECHS polyclinic abput the emergency admission at the earliest but not later than 24 hrs.

(ii) The empanelled hospital will not collect payment from ECHS member.

(iii) The actual cost incurred for emergency procedure will be payable by ECHS. Bill for emergency treatment will be forwarded to concerned Polyclinic for payment as per normal procedure. Such bills will be super scribed with ' EMERGENCY TREATMENT' written in Block capitals in Red.

(iv) On learning about admission of an ECHS member in an empanelled hospital, the o I / C Polyclinic will make arrangements for verification of the facts.

(v) If, during the course of investigations / treatment a specific diagnosis is established requiring further management, the facts will be verified by concerned o I / c polyclinics and the patient referred for the same formally.

(vi) In case of malpractice, unethical practices or medical negligence by an empanelled Hospital or Nursing home particularly in management of emergencies necessary action will be taken by the station commander to dis-empanel the Hospital or Nursing Home.

(b) Non-Empanelled Hospital – Ex-servicemen or his representative should inform nearest polyclinic within 48 hrs of such admission. The responsibility for clearing bills will rest with Ex-Serviceman. He/she will submit the bills along with summary of the case to the concerned polyclinic. The sanction for reimbursement as per approved rates, will be accorded by Central Org, ECHS. Such bills will be submitted within a period of one month from the date of discharge from hospital.

(c) The Empanelled or Non-empanelled Hospital will be liable to pay damages to the beneficiaries in case of medical negligence in emergencies, and the Hospital/ Nursing Home alone shall deal with legal liabilities, if any. ECHS will not have any legal liability in such cases.

OTHER CONDITIONS

9. In cases where facilitates for treatment are not available in Armed Forces Hospitals and in certain special conditions, the procedure for referral and treatment will be as follows:-

(a) TB & Leprosy. No OPD charges will be reimbursable. TB and Leprosy will be treated through National Program at District level. However when the patients require admission for the condition, rates of CGHS as applicable to LRS Institute of TB and Allied Disease will be applicable for hospitalization.

(b) **Hearing Aids.** The equipment will be entitled to patients based on the recommendations of ENT Specialist after clinical and audiometric justification. The OIC polyclinic, will procure the Hearing Aid in consultation with the SEMO, and issue to ESM. Replacement is permitted after a minimum 5 years life of the Hearing Aid, based on a condemnation certificate and approval of ENT specialist. Digital Hearing Aid will only be given on recommendations of three ENT specialists including at least one service specialist. Actual cost of hearing aid or CGHS rates whichever is lesser will apply.

(c) **Mental Diseases.** In all Mental illness cases the patient will be referred to Service Psychiatrist / empanelled hospitals for OPD consultation. Drugs issued for the patient will be procured by the OIC polyclinics / SEMO through special demand. Cases requiring hospital admission will be referred to authorized empanelled / Govt Hospitals only. Provisions of Mental Health Act, 1987, as amended, will be applicable for all such hospital admissions. Payment will be made in full for admission to Govt hospitals and prescribed rates of CGHS will apply for empanelled hospitals.

(d) **HIV / AIDS.** Ex-service pensioners boarded out of service due to AIDS will be provided treatment as prescribed by Armed Forces Centres for such treatment, at the time of discharge. Treatment will be made available to such individuals with effect from two months after the date of discharge. Fresh cases of HIV / AIDS amongst members of ECHS, including dependents will be referred to nearest Armed Forces Immune-deficiency Centres, and treatment as prescribed from these centers only will be made available.

(e) **Artificial Limbs / Appliances.** Artificial Limbs / Appliances will be reimbursed in full when procured and fitted at Artificial Limb Centre (ALC) pune, and Artificial Limb Sub Centres in the AFMS hospitals. CGHS rates will apply in other cases treated in empanelled hospitals.

(f) **Rehabilitation / Terminal Care** – Rehabilitation / Terminal Care will be provided in empanelled rehabilitative homes and hospices. Patients admitted to Service hospitals or empanelled hospitals / nursing homes where the finality of treatment has been reached and definitive medical treatment has run its course, will be referred to rehabilitation. The conditions for which rehabilitative care will be admissible will be paraplegia, quadriplegia, Alzheimer's disease, cerebra – vascular accidents, other neurological and degenerative disorders, amputations, cancer terminal care and other such medical conditions when duly referred by treating specialists. Approval of SEMO / SMO / PMO will be obtained for these referrals. The payments for such cases will be regulated as under:

(i) Rates of payment for rehabilitation / terminal care cases will be limited to maximum rates permissible under CGHS for special Nursing / Aya / Attendant charges PLUS charges for medical treatment as per CGHS rules. Where the rates of CGHS are not laid down, AIIMS charges or actual whichever is less will be applicable. In case rates have not been defined by AIIMS, the actual will be reimbursed. Rehabilitative care /terminal care does not include old age homes.

(ii) Reimbursement will be limited to maximum period of 6 months.

Thereafter cost of such care has to be borne by the patient.

(g) **Medical Equipment for Residence** – Medical Equipment including nebulisers, CIPAP / BIPAP machines and glucometers etc as authorized under the CGHS will be issued to members, when use of such equipment is considered absolutely essential on medical grounds on recommendations of the specialist and approved by the Senior Advisor and Consultant of the concerned specialty, under whose jurisdiction the polyclinic is located. The equipment will be procured through a special demand by the O I /C polyclinic. Consumables for the equipment will be issued under arrangements of O I / C polyclinic. Cost on repair and annual maintenance contracts will be borne by the member themselves and will not be reimbursable.

(h) **Medical Examination / Health check up / Screening tests** – The ECHS beneficiaries may undergo medical examination / health check up at the polyclinics once a year. The medical examination / health check up will be limited to facilities available in the polyclinic. Referrals to empanelled institutes for Medical examination / Health check up / screening tests are not permissible. Such Medical Examinations would be permitted only after all 227 polyclinics have been established and made fully functional.

(j) **Dental Treatment** – Dental treatment including referrals will be as per laid down procedures for other medical cases. Dentures will be permitted only if advised by Dental officer at ECHS polyclinics or Service Dental officer. A particular type of partial / complete denture will be permitted on one time basis only for each member / dependent of the scheme as per CGHS rates.

(k) **Intra Ocular Lens** – Intra Ocular lens (IOL) implantation will be provided to ECHS members preferably at nearest service eye center. In case of IOL implantation undertaken at civil hospitals, payment will be limited to prevailing CGHS rates. Type / make of IOL implanted will be specified in the bills by empanelled hospital.

(l) **Spectacles** - Spectacles will not be provided under ECHS except post operatively in cases of conventional operation of cataract. Cost of spectacles in such cases will be limited to Rs. 200 only. Replacement of spectacles will be admissible once in three years provided the same is undertaken on the advice of the Medical officers of the Polyclinic or empanelled Consultant.

(m) **Plastic Surgery** – Reimbursements, payments for plastic surgery will not be permissible under ECHS except for therapeutic reasons and in post traumatic cases on recommendations of SEMO / SMO / PMO. Provisions of CGHS and package deal rates / ceilings will apply.

DIAGNOSTIC TESTS & OTHER INVESTIGATIONS CHARGES

10. Investigations / laboratory diagnoses will be carried out at ECHS clinics in normal course. Referral for the tests, if required, will only be made by the Medical Officer ECHS / Specialist to empanelled Diagnostic Centres / Hospitals / Nursing Homes. The rates will be same for all types of beneficiaries. The charges as approved by the CGHS for investigations will be valid for ECHS.

OPD CHARGES

11. Charges for drugs and other consumables for outpatient treatment are not reimbursable except under special conditions as listed in para 6 above. Medicines will be procured by the ECHS clinics and issued to the patients.

TRAVELLING ALLOWANCE

12. The following procedure will govern the movement of patient to referred clinics:-

(a) **Admissibility**

(i) Travelling Allowances for journeys undertaken for medical treatment (both ways) is admissible to ECHS beneficiaries for treatment in another city, if such treatment is not available in the same city and referral is advised by ECHS medical officer ./ specialist. Amount admissible will be limited to tail fare in entitled classes as applicable at the time of retirement by shortest / main route, or actual expenditure, whichever is less.

(ii) One attendant or escort who is required to travel along with the patient will be entitled to traveling allowance if the medical officer / attending the patient has certified in writing that it is unsafe for the patient to travel alone and such attendant escort is necessary to accompany the patient. Amount as admissible to the patient is reimbursable.

(b) **Ambulance** – Ambulance services authorized in polyclinic may be utilized for patients when being referred to service / empanelled hospitals in the same city.

Tele: 25683476
Mil:36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/ Policy

31 May 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

ISSUE OF DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARIES

1. Please refer to the following :-

(a) Gal MoD/ Do ESW letter No 24(8)/03/US (WE)/D (Res) dated 19 Dec 2003.
(b) Gal MoD/DoESW letter No 24(3)/03/US(WE)/D(Res) (ii) dated 09 Sep 2003.
(c) Min of Health & Family welfare O.M. No. S.11011/25/2014/CGHS-(P) dated 08 Jul 2014.
(d) Schedule - 2 (2.4) of DFPDS-2016.
(e) Central Org ECHS letter No B/49762/AG/ECHS dated 27 Jul 2017.
(f) Central Org ECHS letter No B/49761/AG/ECHS dated 20 Feb 2018.
(g) Central Org ECHS letter No 8/49791/Dig Payments/AG/ECHS dated 15 Mar 2018.

2. The responsibility of providing 0-omiciliary Medical Equipment to ECHS beneficiaries and their dependants which was earlier with Stn HQ, will now rest with the SEMOs (Commandant I CO Service Hospital) whose specialists have recommended the equipment. The cost of the equipment will not exceed CGHS rates.

3. These equipment will be recommended and procured as under:-

S No	Eqpt	Recommended by	Procurement by (as CFA)	Ceiling Rate/ Remarks
(a)	CPAP/ BIPAP machine	Respiratory Medicine Specialist	Comdt / CO Hosp where Respiratory Medicine Specialist is posted	(i) CPAP - Rs 50,000/- (ii) Bi-Level CPAPRs 80,000/- (iii) Bi-Level Ventilatory System Rs 1,20,000/-
(b)	Hearing Aid	ENT Specialist	Comdt / CO Hosp where ENT Specialist is posted	(i) Body worn/Pocket type- Rs 3,000/- (ii) Analogue BTE Rs 7,000/- (iii) Digital STE Rs 5,000/- (iv) Digitals/CICRs 20,000/-

(c)	Artificial Appliances Related to Mobility Aids	Neuro Surgeon/ Neuro -Physician/ Orthopaedician/ Surgeon	Comdt /CO Hosp where these Specialists are available	(i) The appliances will be allowed for re-issue on completion of 5 Yrs in case of adults and 2 Yrs in the case of children except motorized wheel chair and tricycle. (ii) Motorized wheel chair and tricycle may be re-issued after 5 Yrs irrespective of age. (iii) Approved rates as per Appx.
(d)	Nebuliser, Glucometer, Oxygen Concentrator	Medical Specialist	Comdt/ CO Hosp where Medical Specialist is posted	(i) Oxygen Concentrator Rs 60,000/- (ii) CGHS rates will apply for Nebuliser and Glucometer.
(e)	Any other item recommended for domiciliary use authorized under CGHS Scheme	Concerned Specialist	Comdt / CO Hosp where the concerned Specialist is posted	CGHS rates will apply

4. **Issue Procedure**. Once the concerned specialist approves issue of any domiciliary equipment, patient will collect the copy of issue voucher from the service hospital concerned and get endorsed from OIC ECHS Polyclinic of the issuing service hospital regarding entry of issue details of equipment in the patient's ECHS card and system. Hospital to issue the equipment after confirmation of entry of details in his ECHS card.

5. **Consumables**. The consumables for the equipments will be procured by SEMO/ Comdt/ CO Hosp and issued under arrangements of OIC Polyclinic. In case item is NA at medical stores of Polyclinic, consumables will be issued through Authorised Local Chemist (ALC).

6. **Repair & Maintenance/ Annual Maintenance.** Cost of repair & maintenance will be borne by the member themselves and will not be reimbursable.

7. **Financial Power.** The financial powers of various CFA's will be as per schedule 2.4, DFPDS-2016.

8. **Allocation of Funds.** Central Org ECHS to allocate funds for this requirement to the 0/o DGAFMS under major head 2076 sub head code head 363/01 (Medical Equipment, Medicines & Drugs), who in turn will allocate the same to SEMOs based on anticipated expenditure, as per letter mentioned at Para 1 (b).

9. These instructions will supersede Central Org ECHS letter No 8/49761/AG/ECHS dated 20 Feb 2018 issued earlier with "Issue of Domiciliary Medical Eqpt" as the subject.

10. This policy will come in force wef 01 Apr 2018.

11. This has the approval of DGAFMS.

(IVSGahlot)
Col
Dir(Medical)
for MD ECHS

Copy to :-

O/o DGAFMS
DGMS(Army)
DGMS (Air)
DGMS (Navy)
DGDS

Internal

Ops & Coord, P&FC, Claim Sec - for info.
Stats & Automation Sec - foruploadingonECHS Website.

Appx
(Refer to Central Org ECHS letter No 8/49761/AG/ECHS/ Policy dt 11 May 18)

MOBILITY AIDS

Sl No	Name of Orthosis	Approved Rate/ Price (Childabove 12Yrs)	Approved Rate I Price (Child 7- 12 Yrs)	Approved Rate / Price (Child 0- 6Yrs)
1.	WalkingStick (Adjustable) Aluminium	Rs. 350/-	Rs. 350/-	Not Applicable
2.	Tripod/ Quadripod walking stick Aluminium	Rs. 750/-	Not Applicable	Not Applicable
3.	AuxiliaryCrutch/ Elbow crutch (Aluminium) Adjustable	Rs. 850/-	Rs. 650/-	Not Applicable
4.	Walker I Rollator (Aluminium)	Rs. 1,500/-	Rs. 1,200/-	Rs. 900/-
5.	CP Chair/ CP Stand	Not Applicable	Rs. 7,300/-	Rs. 7,000/-
6.	Commode Chair	Rs. 2,500/-	Rs. 2,500/-	Not Applicable
7.	WheelChair Folding (Chrome Plated)	Rs. 7,000/-	Rs. 4,000/-	Not Applicable
8.	MotorizedWheel Chair			
	(i) Quadriplegic wheelchairwith chin and Head Control	Rs. 1,10,000/-.	Not Applicable	Not Applicable
	(ii) Quadriplegic wheelchair withjoy stick.	Rs. 60,000/-	Not Applicable	Not Applicable
	(iii) Motorized wheelchair(Handle driven	Rs. 35,000/-	Not Applicable	Not Applicable
9.	TricycleHand Propelled	Rs. 6000/-	Not Applicable	Not Applicable

No. 1-1912018/CGHS (HQ)/R&H/EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
******

Nirman Bhawan, New Delhi-110 108
Dated: the 03, June,2019

OFFICE MEMORANDUM

Subject: **Revision of ceiling rates for reimbursement of the cost of CPAP/BIPAP/Oxygen Concentrator under CGHS**

1. The undersigned is directed to refer to this Ministry's OM No. S.11011/412014- CGHS (P), dated the 5th March, 2014 vide which the procedure for grant of permission/ex-post facto approval and reimbursement of the cost of CPAP/BIPAP/Oxygen Concentrator were prescribed and to state that the matter has been reviewed by this Ministry and it has now been decided to revise the ceiling rates as per the details given as under:-

(i)	Oxygen Concentrator	-	Rs.45,000/-+GST
(ii)	CPAP	-	Rs.45,000/- +GST
(iii)	BIPAP (earlier Bi-level CPAP)	-	Rs.68,000/-+GST
(iv)	BI Level Ventilatory System	-	Rs. 1,05,000/- +GST.

2. Other terms and conditions mentioned under this Ministry's OM No. S.I. f0ll/4/2014- CGHS (P),dated the5thMarch,2014 shall remain unchanged.

3. These rates shall remain valid till further revision.

4. This issues with the concurrence of IFD, Ministry of Health and Family Welfare vide CDNo.C-3340, dated 11.02.2019.

5. This OM will be effective from the date of its issue.

(Rajeev Attri)
Under Secretary to the Govt. of India
(Tel: 011 - 2306 1883)

To

1) All Ministries/Departments, Government of India
2) Director, CGHS, Nirman Bhawan, New Delhi
3) Addl.DDG(HQ), CGHS, MoHFW.I \Nirman Bhawan, New Delhi
4) AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
5) All Addl. Directors/Joint Directors of CGHS cities outside Delhi
6) Additional Director (SZ)/(CZ)/(EZ)/(NZ)/(MSD), MCTC CGHS, New Delhi
7) JD(HQ). JD (Grievance)/JD (R&H), CGHS, Delhi
8) DDG(M)/CMO(SRA),Dte.GHS, MoHFW, Nirman Bhawan, New Delhi
9) Rajya Sabha/Lok Sabha Secretariat, New Delhi
10) Registrar, Supreme Court of India, New Delhi
11) U.P.S.C. Dholpur House, New Delhi

File No.18(114)/2017/WE/D(Res-I)
GovernmentofIndia
Ministry of Defence
(Department of Ex-Servicemen Welfare)
RoomNo.221,B Wing,
Sena Bhavan, New Delhi

Dated : 18th Sept,2019

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY.

Sir,

1. With reference to Govt. of India, Ministry of Defence letter No.24(8)/03/US(WE)/ D(Res) dated 19th December , 2003 and further amended by MoD letter No. 22A(37)/2018/WE/D(Res-1) dated 15th January 2019, I am directed to convey the sanction of the Government on the Modification of Para 9 (g) of letter dated 19-12-2003 regarding Medical Equipment for Residences.

2. **For**

Para 9 (g)

Medical Equipment including nebulisers , CIPAP/BIPAP machine and Glucometers etc as authorised under the CGHS will be issued to members, when use of such equipment is considered absolutely essential on medical grounds, on recommendations of the Specialist and approved by the Senior Advisor and Consultant of the concerned specialty under whose jurisdiction the Polyclinic is located. The Equipment will be procured through a special demand by the OIC Polyclinic. Consumables for the equipment will be issued under arrangements of OIC Polyclinic. Cost on repair and annual maintenance contracts will be borne by the-members themselves and will not be reimbursable.

Read

Para 9 (g)

(i) Medical Equipment including nebulisers, CIPAP/BIPA P machine, Oxygen Concentrator and Glucometers etc as authorised under the CGHS will be issued to members, when use of such equipment at home is considered absolutely essential on medical grounds, on recommendations of the Service Specialist/Govt. Hospital Specialist. The equipment will be procured by Comdt/CO Service hospital through a special demand by the OIC ECHS Polyclinic. Consumables for the equipment will be issued under arrangement of OIC Polyclinic. Cost of repair and annual maintenance will be borne by the ECHS members themselves and will not be reimbursable.

(ii) The Medical equipment other than those above like insulin pump etc. which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt. Hospital Specialist would require prior sanction of the High Powered Committee constituted vide para 5 of MoD, Order No.22A(37)/2018M/E/D(Res-I) dated15-1-2019 .

3. The maximum ceiling limit for re-imbursement prescribed by CGHS authorities from time to time will be applicable.

4. **Individual Re-imbursement: Grant of prior permission.**

The individual requests for prior permission and reimbursements for domiciliary medical equipment advised by Service Specialist/Government hospital Specialist for which CGHS ceiling rates are available will be approved as per CGHS ceiling rates. Documents for domiciliary medical equipment having no CGHS ceiling rates will be submitted at the Polyclinic and would be considered by the above mentioned committee .

5. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their U.O. No.32(41)/2017/Fin/Pen dated 3-9-2019 .

Yours faithfully,

(A.K. Karn)
Under Secretary (WE)

Copy to :

1. CGDA, New Delhi
2. SO to Defence Secretary
3. PPS to Secretary (Defence/Finance)
4. PPS to AS (Acquisition)
5. JS(ESW)
6. JS(O/N)
7. Director(Finance/AG)
8. DFA(Pension)
9. AFA(B-1)
10. D(Medical)
11. O&M Unit
12. DGADS

Also to :

13. DGAFIVIS
14. DGD C&W
15. QMG

Tele 25683476
ASCON 36S33

Central Organisations. ECHS
i\Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
NearGopinathCircle
Delhi Cantt-110010

B/49761/AG/ECHS

09 Dec 2019

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

EXECUTIVE INSTRUCTIONS : DOMICILIARY MEDICAL EQUIPMENT FOR ECHS BENEFICIARY

1. Please ref to the followings –

   (a) GoI (MoD/DoESW) letter No 24(8)03/US(WE)/D(Res)dated 19 Dec 2003

   (b) GoI (MoD/DoESW) letter No 2.2.A(37)2018MIE/D(Res-I) dated 15 Jan 2019

   (c) GoI(MoD/DoESW) letter No 18(114)/20171WEJD(Res-I) dated 18 Sep 2019.

   (d) Central Org ECHS letter No B/49761/AGIECHS/Policy dated 31 May 2018.

   (e) Central Org ECHS letter No8/49761/AGIECHS/Policy dated 31 Jul 2018.

2. The following amendments is made in Para 2 of CO ECHS letter as quoted in Para 1(d) above.

For

Para 02:- The responsibility of providing Domiciliary Medical Equipment to ECHS Beneficiaries and their dependants which was earlier with Stn HO will now rest with the SEMOs (Commandant/CO Service Hospital) whose specialists have recommended the equipment. The cost of the equipment will not exceed CGHS rates.

Read

Para 02:- The responsibility of providing Domiciliary Medical Equipment to ECHS Beneficiary and their dependants which was earlier with Stn HQ, will now rest with SEMO (Commandant/CO Service Hospital) when use of such equipments is considered absolutely essential on medical grounds on recommendation of the Service Specialist Government Hospital Specialist The cost of the equipment wm not exceed CGHS rates.

3. Domiciliary Medical Equipment other than those mentioned in Para 3 of CO ECHS letter as quoted in Para 1(d) above, like Insulin pump etc which are issued to CGHS beneficiaries for which no CGHS ceiling rates exist and are recommended for domiciliary use for ECHS beneficiaries by Service Specialist/Govt Hospital Specialist will require prior sanction of the High Power Committee conciliated vide Para 5of GoI(MoD/DoESW) letter as mentioned in Para 1(b) above. Composition of the High Power Committee would be as under:-

(a)	JS,ESW	-	Chairman
(b)	Government Hospital Specialist (of concerned specialty)	-	Member
(c)	Director/ DS/US, DoESW	-	Member
(d)	Director (Medical), CO ECHS	-	Member-Secretary
(e)	Representative of MoD (Fin/Pen)	-	Member

4. Once sanctioned the equipment will be provided through the dependent SEMO

5. **Individual Reimbursement : Grant of Prior Sanction:-** The provision for prior sanction and subsequent individual reimbursement has been accorded by MoD for Domiciliary Medical Equipment advised by Service Specialist Government Hospital Specialist and not available with the SEMO:-

(a) **Domiciliary Medical Equipment for which Ceiling rate are available:-** Individual request for prior approval along with supporting documents and Non Availability (NA) certificate will be forwarded by the OIC Polyclinic (PC) to respective SEMO where the documents will be verified for sanction and reimbursement by SEMO.

(b) **Domiciliary Medical Equipment for which no Ceiling rate are available:-** In such cases the documents will be forwarded by OIC PC through respective RC to CO ECHS for approval of the High Power Committee.

(c) Once sanction for prior permission is obtained, the equipment can be purchased by the ECHS beneficiary and claim submitted to OIC PC who will verify the documents and upload the claim as individual reimbursement on UTI-BPA.

6. The maximum ceiling limit for reimbursement prescribed by CGHS authorities from bme to lime will be applicable.

7. Rest no change in the letter dated 31 May2018.

8. This policy will come on force wef 18 Sep 2019 from the date of issue of Government letter as mentioned in Para1(c)above.

9. This has approval of MD ECHS

(Anupam N Adhaulia)
Col
Dir Med
for MD ECHS

Bs/-*
Encls: As above
Copy to:-

MoD/DoESW	-	for info wrt your letter under ref.
O/O DGAFMS		
DGMS Army	-	for info
DGMSNavy		
DGMS Air		
Internal		
Ops & Coord, P & Fc, Claim Sec, C&L	-	for info
Stats & Automation Sec	-	for uploading on ECHS Website.

No. S.11011/37/2019-EHS
Government of India
Ministry of Health & Family Welfare
Department of Health & Family Welfare
[ECHS Section]
*****

Nirman Bhawan, New Delhi
1st December, 2020

OFFICE MEMORANDUM

Subject: Revision of rate & guidelines for reimbursement of expenses on purchase of Hearing Aids under CS{MA) Rules, 1944and CGHS.

1. The undersigned is directed to refer to the Office Memorandum No. S.14025/10/ 2002 /MS dated 26th May, 2015 on the above mentioned subject and to state that on the basis of recommendations of an Expert committee, it has been decided to revise the rates and guidelines for hearing aids reimbursement under CS(MA) Rules, 1944 and CGHS.

2. The revised ceiling rates fixed for various types of hearing aids (for one ear) are as under:-

Digital BTE	Rs.8,000/- [Eight thousand only]
Digital ITC/CIC	Rs.9,000/- [Nine thousand only]

The above revised cost of hearing aids shall include all taxes, including GST and shall carry three years' warranty. The cost of BTE type hearing aids shall also include the cost of hearing mould. The cost of ITC/CIC type hearing aids shall also include the cost of customized shell.

Body worn /pocket type category and Analogue BTE category with ceiling rates Rs.3000/- per ear and Rs.7000/- per year have been excluded, since they have become obsolete.

3. Beneficiaries covered under CS(MA) Rules/CGHS shall be eligible to obtain hearing aids as per the following guidelines:

(i) Patients/beneficiaries should be properly referred to ENT Specialist of CGHS/Government Hospital/CGHS empanelled Hospital by Medical Officer of CGHS from CGHS wellness centre/AMA in case of CS(MA) beneficiary.

(ii) It would be mandatory to carry CGHS beneficiary's Identity Card (in original) whenever the CGHS beneficiaries visit the CGHS/Government ENT Specialist/Specialist of CGHS /CS(MA) empanelled Hospital for consultation and Audiometric test.

(iii) The ENT specialist of CGHS/Government hospital/CGHS/CS(MA) empanelled hospital shall then recommend hearing aids on basis of Audiometric and Audio-logical assessment, specifying the type of hearing aids most suited for the beneficiary. The 'Audiogram Report' shall be authenticated by the ENT specialist. The recommendation shall be as per the categories approved under CGHS and not as per any Brand name.

(iv) The permission to procure hearing aids shall be granted by the Additional Director(Zonal) of CGHS-Zonal Office in case of CGHS pensioners beneficiaries, and by the Head of Department/Office in case of serving employees and CGHS beneficiaries of Autonomous bodies on the basis of recommendation of a CGHS/Government ENT specialist/ ENT Specialist of CGHS /CS(MA) empanelled hospital, and an 'undertaking' that the beneficiary has not been reimbursed the cost of hearing aids in the preceding five years.

4. Reimbursement claim shall be submitted to CGHS Zonal Office through the CMO, In charge of the Concerned dispensary by CGHS pensioner beneficiaries and to concerned Ministry/ Department/Office in case of serving employees and to concerned Autonomous Body(AB) in case of beneficiaries of ABs in the prescribed medical reimbursement claim form along with the following documents :

(a) Permission Letter for purchase of Hearing aids in original.

(b) Copy of CGHS Card.

(c) Bill / Receipt (in original) carrying details of the hearing aids seller.

(d) Empty Box/boxes or the carton (s) with label showing details of the hearing aids supplied.

(e) Reimbursement shall be limited to the ceiling rate or actual cost of the hearing aids, whichever is less

5. Records of permission granted for procurement of hearing aids shall be maintained by CGHS in respect of pensioner CGHS beneficiaries and by the concerned Ministry / Department / Office in respect of other beneficiaries.

6. Replacement of hearing aids may be permitted after five years. Henceforth, there will be no requirement of submission of condemnation certificate by the beneficiary at the time of requesting the replacement of a hearing aid that has completed its five years' mandated life.

7. Maintenance and repair and cost of batteries will be the responsibility of the beneficiary.

8. The revised rates and guidelines shall come into force from the date of issue of this 0.M. and shall be valid till further revision and shall supersede all the earlier orders issued on the subject.

9. This issues with the approval of Integrated Finance Division (CD No.1486 dated: 29/09/2020) of Ministry of Health & Family Welfare.

[Dr.Anil Ranga]
Director [CGHS-Policy]
Tele:23061669

To,

1. All Ministries/Departments, Government of India

2. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/ Ministry of Health &Family Welfare

3. PPS to DGHS/AS&DG (CGHS)/AS&FA/AS&MD, NRHM/AS(H), MoHFW, New Delhi

4. Addl.DDG(HQ),CGHS, MoHFW, Nirman Bhawan, New Delhi

5. AD(HQ},CGHS, R.K.Puram, Sector-12, New Delhi

6. All Addl. Directors/Joint Directors of CGHS cities outside Delhi

7. Rajya Sabha/Lok Sabha Secretariat, New Delhi

8. Registrar, Supreme Court of India, New Delhi

9. U.P.S.C. Dholpur House, New Delhi

10. Office of the Comptroller & Auditor General of India, Pocket-9, Deen Dayal Upadhyaya Marg, New Delhi.

11. Integrated Finance Division, MoHFW, Nirman Bhawan, New Delhi

12. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi

13. Secretary, Staff Side, 13-D, Ferozshah Road, New Delhi

14. All Staff Side Members of National Council (JCM)

15. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi - 110001

16. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi

17. Chairman, Employees State Insurance Corporation, Ministry of Labour &Employment, Panchdeep Bhawan, C.I.G.Marg, New Delhi110002

18. UTI Infrastructure Technology And Services Limited, UTI-ITSL Tower, Plot No3 Sector -11,CBD Belapur, Navi Mumbai-400614

19. Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cant-110010

B/49761/AG/ECHS/2022 (i)

20 Jun 2022

All Regional Centres

AMA ECHS, Embassy of India, Nepal

ADVISORY ON USE OF ANTI-VEGF INTRAVITREAL INJECTION

1. Please refer to CO ECHS letter No B/49761/AG/ECHS/2022 dated 07 Jun 2022.

2. Pl ref Dept of Opthamology, AH (R&R) letter No ECHS/Adv/22/01 dt 21 Apr 2022 and CO ECHS Policy letter No B/49762/AG/ECHS dt 09 Aug 2018 (copy att).

3. The drugs approved for intraviteral injections in eye should bear the nomenclature as Approved in DGAFMS Rate Contracts or standardized international nomenclature, rather than any particular brand name:-

(a) Ranibizumab 0.5 mg in 0.05 ml, vial of 0.23 m
(b) Ranibizumab 0.5 mg in 0.05 ml, Pre-filled syringe of 0.165 ml.
(c) Aflibercept 2.0 mg in 0.05 ml, vial of 0.28 ml.
(d) Dexamethasone implant 700 microgram.
(e) Brolucizumab 6.0 mg in 0.05 ml, vial of 0.23 ml.

4. All RCs are requested to inform all the empanelled hospitals under their AOR to forward case for approval of Intravitreal Injection for use as Anti VEGF Agent with the following supporting documents: -

(a) Best Corrected Visual Acuity both eyes.
(b) Intra-ocular pressure of eyes and a comment on presence/absebce of Glaucoma
(c) Optical Coherece Tomography of the macula for Maular indication.
(d) USG B-Scan print for indication of vitreous hemorrhage.
(e) FFA/Fundus Colour picture for indication of PDR.

5. The above info be disseminated to all empanelled hospitals so that all requests for approvals are accompanied by a/m supporting documents.

6. The letter mentioned **at Para 1 above may please be treated as cancelled.**

(Panchal Kalpesh kumar S)
Lt Col
Jt Dir (Med & Eqpt)
For MD ECHS

Encls : As above.

Internal

Tel: 01123038181

Dept of Ophthalmology
Army Hospital R&R Delhi
Cantt – 110010

ECHS/Adv/22/01

21 Apr 2022

Jt Dir (Medical & Claims)
Central Org
ECHS Thimmaya Marg.
Delhi Cant,

ADVISORY ON USE OF ANTI-VEGF INTRAVITREAL INJECTIONS

1. It is brought to the notice of the environment that multiple requests for approvals (Appx A) are received at this Hosp, as well as other Mil Hosp, for approval of intravitreal Anti-VEGF injections. In view of the same two pertinent points are brought out below.

2. The drugs approved for intravitreal injections in eye should bear the nomenclature as approved in DGAFMS RCs or standardized international nomenclature, rather than any particular brand name:-

(a) Ranibizumab 0.5 mg in 0.05 ml, Vial of 0.23 ml

(b) Ranibizumab 0.5 mg in 0.05 ml, Pre-filled syringe of 0.165 ml

(c) Aflibercept 2.0 mg in 0.05 ml, vial of 0.28 ml

(d) Dexamethasone implant 700 microgram

(e) Brolucizumab 6.0 mg in 0.05 ml, vial of 0.23 ml

3 The proposal must have supporting documents including:

(a) Best Corrected Visual Acuity both eyes

(b) Intra-ocular pressure of eyes and a comment on presence/ absence of Glaucoma

(c) Optical Coherence Tomography of the macula for Macular indication

(d) USG B-Scan print for indication of vitreous hemorrhage

(e) FFA/ Fundus Colour picture for indication of PDR

(SH Mishra)
Col
Sr Adv & HOD Ophthal

Tele 25683476
Mil: 36833

Central Organizations, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Maude Lines

B/49762/AG/ECHS5

09 Aug 2018

IHQ of MoD (Navy)/ Dir ECHS (N)
Air HQ (VB)/ DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS) AMA ECHS,
Embassy of India, Nepal
All Regional Centres

APPROVAL FOR AFLIBERCEPT SOLUTION FOR INTRAVITREAL INJECTION (EYLEA) FOR USE AS ANTI VEGF AGENT

1. Please refer to the following:

(a) Central Org ECHS letter No. B/49762/AG/ECHS/2017 dated 19 Aug 2013

(b) Central Org ECHS letter No. B/49762/AG/ECHS/2017 dated 07 Feb 2017.

(c) O/o Drug Controller General (India), .FDA Bhawan, Kotla Marg F. No X-11026/77/2018-8B dated 23 Apr 2018 (Copy attached).

(d) Dept of Ophthalmology, Army Hospital (R&R),. Delhi Cantt letter No 8181/EYE/ECHS/2018 dated 24 Apr (d) 2018 (Copy attached).

2. Use of drug Aflibercept solution for Intravitreal Injection (Eylea, was restricted vide Central Org letter No. B/49762/AG/ECHS/2017 dated 07 Feb 2017 as drug was not cleared by O/o Drug Controller General (India). However, the same was allowed with clear permission from service hospitals on case to case basis

3. Now it is clarified by O/o Drug Controller General (India) vide their letter No X- 11026/77/2018-8B dated 23 Apr 2018 that **"Drug product Aflibercept solution for Intravitreal injection in PFS/Vials is approved for the indication as for the treatment of Neovascular (wet) age-related macular degeneration (wet-AMD)**

4. The detailed guidelines received from Sr Adv & HOD (Ophthal), Dept of 4. letter No Ophthalmology, Aflibercept solution for Army Hospital (R&R), Delhi Cantt vide their letterNo 8181/EYE/ECHS/2018 dated 24 Apr 2018 regarding use of Alibercept solution for Intravitreal injection (Eylea) are as follows.

(a) The patient has a condition that needs treatment by Anti VEGF Drugs and (a) there has been no response to three Intravitreal Injections of Ranibizumab

(b) The patient had responded to Inj- Ranibizumab but has stopped responding to the injection now, as evidenced by Vision and Oct findings

(c) The patient has Idiopathic Polypoidal Choroidal Vasculopathy (IPCV) for which Aflibercept is often considered a first choice drug as per current standard of care

5. The list of conditions which can be treated by Anti VEGF drugs are well known to Ophthalmologists, however the merits of each case will need to be scrutinized by AFMS Vitreoretinal surgeons In locations where Vitreoretinal surgeons are posted, the patients can take sanction as per current practice, however in locations without Vitreoretinal surgeons, ECHS polyclinics will need to liaise with the relevant closest Vitreoretinal surgeon of Service/ Govt hospitals to obtain sanction telephonically. by email or in person and endorse the same on referral document.

6. This must entail a fairly comprehensive summary from the prescribing empanelled hospital. giving details of the condition being treated the previous treatments with dates and relevant records supporting the same. In case sanction is being sought to treat IPCV, then the prescribing ophthaimologist must specify the criteria based on which a diagnosis of IPCV is being entertained.

7. Once approved, the empanelled hospital will have to seek sanction to continue Injecting Eylea (Aflibercept) after three injections have been administered. A maximunm of three injections may be sanctioned on every application.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Copy to

UTI Infrastructure Technology and Service Limited
Arcade 1 Floor,
5-1-664, Bank Street
Hyderabad 500001 O/o
DGAFMS DGMS (Army)
DGMS (Air)
DGMS (Navy) DGDS
Army Hospital (R&R)
- Please also upload the same for info of all Empanelled hospital through email Surabhi

Internal

Ops & Coord Sec, P& FC Sec, Claim Sec - for info
Stats & Automation Sec - for uploading on ECHS Website

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/Medicine Policy

06 Jul 2022

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (DAV)/Coord
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

MODIFICATION OF PROCEDURE FOR PROCUREMENT OF DRUGS AND CONSUMABLES FOR EX-SERVICEMEN UNDER ECHS

1. Please ref the fwg (copies att) :

(a) Central Org ECHS letter No B149762/AG/ECHS/Medical Policy dt 29 Aug 2017.

(b) GoI (MoD/DOESW) letter No 22D(01)/2016/US(WE)/D(Res) dt 30 Jun 2022

2. The following amendment is made in Para 4 () of CO ECHS letter as quoted in Para 1(a) above.

For

Para 4 (i):- The monetary ceiling for expenditure irrespective of their Military or Non Military status are as follows :-

(i) Type A & B Polyclinic : Rs 2.5 Lakh per month

(ii) Type C Polyclinic : Rs 1.5 Lakh per month

(iii) Type D Polyclinic : Rs 01 Lakh per month

Prior approval of MD ECHS is required for any expenditure above this limit.

Read

Para 4 (i):- The monetary ceiling for expenditure irrespective of their Military or Non Military status are as follows:

(i)	Type A & B Polyclinic	:	Rs 5 Lakh per month
(ii)	Type C Polyclinic	:	Rs 3 Lakh per month
(iii)	Type D Polyclinic	:	Rs 2 Lakh per month

3. Prior approval of MD ECHS will be obtained for expenditure above the amended limit as mentioned at Para 2 above.

4. Central Org ECHS will re-appropriate funds from those polyclinics who do not utilize their authorisation of ALC funds for funding those polyclinics who need more funds above the prescribed limits if necessary.

(Panchal Kalpesh kumar S)
Lt Col
Jt Dir (Med)
for MD ECHS

Copy to :

DGAFMS/DG-3A
DGMS (Army)/ DGMS - 5 (B)
DGMS (Air Force) (Med-7) - for your info pl.
DGMS (Navy)/ Dir ECHS (Navy)
HQ Cost Guard Veteran Cell
(Email -cgvcpers@indian cost guard.nic.in)

AMA ECHS, Embassy of India, Nepal UTI-ITSL
Surabhi Arcade, 1st Floor 5-1-664, Bank Street, Hyderabad-5000001

Internal

Ops & Coord, Claim Sec – for info pl.

Stats & Automation Sec – for uploading this letter on ECHS website.

No. 22D(01)/2016/US(WE)/D(Res)
Government of India
Ministry of Defence
Deptt. of Ex-Servicemen Welfare

New Delhi, Dated 30 June, 2022

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

CORRIGENDUM

Subject:- **Modification of procedure for procurement of Drugs and consumables for Ex-Servicemen Contributory Health Scheme (ECHS).**

Sir,

1. With reference to Govt. of India, MOD/DOESW Letter No 24(10)/ 03/US(WE) / D(Res) dated 25.11.2003 as amended vide MoD/DOESW Letter of even number dated 22.08.2017, I am directed to convey the sanction of the Government for further amendment in Para 23 as mentioned in ibid DoESW letter dated 22.08.2017 as under:-

FOR

Para 23 - The monetary ceiling for expenditure are enhanced as follows:-

Type A & B Polyclinics	:	Rs. 2.5 Lakh per month Type
C Polyclinics	:	Rs. 1.5 Lakh per month Type
D Polyclinic	:	Rs. 1 Lakh per month

Any expenditure above this limit will be approved by CO, ECHS. The CO, ECHS may re-appropriate the required funds from other polyclinics if required.

READ

Para 23 - The monetary ceiling for expenditure are enhanced as follows:-

Type A & B Polyclinics	:	Rs. 5 Lakh per month Type
C Polyclinics	:	Rs. 3 Lakh per month Type
D Polyclinic	:	Rs. 2 Lakh per month

Any expenditure beyond this limit will be approved by MD, ECHS. The CO, ECHS may re-appropriate the required funds from other ECHS polyclinics if required.

2. Rest of other contents of the above referred letters will remain same.

3. This issues with the concurrence of MoD (Fin/Pen) vide their ID No. 10(03)/2016/FIN/Pen, dated 21.06.2022.

Yours faithfully,

(Dr. PP Sharma)
OSD (WE & IC).
Tel.- 23015772

Copy to:

1. CGDA, New Delhi
2. DGADS, New Delhi
3. MD, ECHS
4. DGAFMS
5. PPS to Secy (ESW)
6. JS(ESW)
7. Addl. FA (EL) & IS
8. DFA (Pension)
9. US, D(Med)
10. DOESW website coordinator -for uploading on website.
11. Office file

Copy signed in Ink:

All PCsDA/CsDA

Tele: 25683476 Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-110010

B/49762/AG/ECHS/Medicine Policy 29 Aug 2017

IHQ of MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (AJECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (AVECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

IMPLEMENTATION INSTRS: PROCEDURE FOR AUTHORISED LOCAL CHEMIST

1. Refer:

(a) GOI/MOD letter No 22D(01)/2016/ WE/D(Res-/) dated 22Aug 17 (copy att as Encl 1).

(b) GOI letter No 24(3)/03/US(WE)/D(Res)) dated 08 Sep 03 amended vide 25(01)/2014/US(WE)/D(Res) dated 04 Aug 14.

2. In all stations with ECHS polyclinics, local medical stores/ chemists will be empanelled for supply of Not Available, emergent, life saving and essential drugs on as required basis. The empanelment of local medical stores/chemists will be done by a Board of Officers constituted by the Station Commander which will comprise the following:-

Chairman - SO ECHSI Col Rank officer detailed by Station Commander.

- Lt Col (Non Medical) detailed by Station Commander
- Jt Dir Hospital Services of Regional Centre concerned/
- Medical Officer detailed by Station Commander
- Rep of LAO/ CDA

3. **Actions by the Board.**

(a) The Board of Officers will invite Tenders through advertisement in the local press and e-procurement portal from local medical stores/chemists for empanelment with ECHS Polyclinic. The tender enquiry will be based on same format as CGHS tender for Authorised Local Chemist with conditions suitablv modified to suit local military requirements (CGHS tender format att as Encl 2).

(b) The Board will check the Technical parameters as per Tender Enquiry and will consider the price bids of only the technically qualified vendors. The Board will arrive at L1 Vendor based on maximum overall amount of discount on MRP for all the drugs to be supplied with a minimum QR of 15%. Bids offering less than 15% overall Discount will be rejected. The tenderers will quote an overall discount figure irrespective of the quantity or number of individual drugs.

(c) The Board will consider parallel rate contract with L2 and L3 vendors and include their names in recommendation if those vendors agree to the L1 rates in writing

(d) The Board of Officers will submit a recommended list of local medical stores/chemists to the Station Commander for approval.

4. Actions by Station Cdrs

(a) Constitute a Board of Officers for empanelment of local medical stores/chemists including CGHS authorised chemists. Due care is to be exercised in choice of Medical officer to avoid any conflict of interest. MOs/Spl posted to MH of SEMO concerned to be avoided and MO/ RMO of non medical units may preferably be detailed as JDHS of RC may be occupied in similar bds for other stns under AOR.

(b) Approval of recommended list of local medical stores/chemists submitted by the Board of Officers.

(c) All CGHS Authorised Chemists in the same city will be considered as deemed empanelled i.e need not participate in TE if the rates planned to be quoted are same as given for CGHS. They will give their contract discount documents for CGHS to the board, but will sign the contract with Stn Cdr provided the discount offered by them to CGHS is not less than that offered by L1 vendor of the TE. They have option to participate in the empanelment process and offer fresh quotes discounts at the TE Stage.

(d) The Contract will be signed with the approved local medical stores/chemists by Stn HQrs for a period of two years. The terms and conditions of Contract will be based on CGHS formats.

(e) The Officer in charge Polyclinic will after due verification authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQrs.

(f) Stn Cdr will process the same for releasing payment with sanction of appropriate CFA.

(g) **Payment**: The payments on account of procurement of drugs and consumables from empanelled local chemists will be made from the cash assignments placed at the disposal of Station Commanders under Major Head 2076 Minor Head 107 Head 363/01. The payments will be effected by cheque/electronic payment.

(h) Delegated financial powers as per Para 1 of Appendix to GOI letter No 24(3)/03/US(WE)/D(Res) (i) dated 08 Sep 03 amended vide 25(01)/2014/US(WE)/D(Res) dated 04 Aug 14 will be exercised by CFA. The delegated powers are enumerated in table below:-

CFA (Station Commander)	FinancialLimit (without consultation)	Fin Limits with IFA consultation
Lt Col/ Col	Upto 1,00,000/-	-
Brig	Upto 2,00,000/-	-
Maj Gen (Sub Area Commander /COS Area HQ	Upto 3,00,000/-	-
Dy MD ECHS	-	Upto 5,00,000/-
MD ECHS	-	Upto 10,00,000/-
JS ESW	-	Upto 25,00,000/-
Secy ESW	-	Above 25,00,000/-

(j) The monetary ceilings for expenditure irrespective of their Military or Non Military status are as follows:

Type A & B Polyclinic : Rs 2.5 Lakh per month Type

C Polyclinic : Rs 1.5 Lakh per month Type

D Polyclinic : Rs 01 Lakh per month

Prior approval of MD ECHS will be required for any expenditure above this limit.

(k) The expenditure on account of local purchase of drugs and consumables from empanelled local medical stores/chemists will be monitored separately under the relevant revenue head.

(l) The records of polyclinic will be checked by a Boards of Officers detailed by the Station Commander.

5. **<u>Actions by Polyclinic</u>** : When an emergent/life saving/essential drug prescribed by the Medical Officer in the ECHS Polyclinic is not available as confirmed from the stock Cithandel s zavaliniai rantiramont of the came is essential for a patient following procedure will be followed

(a) The Officer in charge Polyclinic will raise a demand to the empanelled local medical store/chemist. The demand will be supported by prescription(s) signed by the Medical Officer managing the case.

(b) On receipt of the demand the empanelled local medical store/chemist will supply the required drug to the Polyclinic within 24 hrs.

(c) The Bills for the drugs supplied will be forwarded by the empanelled local medical store/chemists monthly to the Officer in charge Polyclinic along with a copy of the demand raised by the Polyclinic.

(d) The Officer in charge Polyclinic will, after due verification, authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQs.

(e) The Officer in charge Polyclinic will also certify on the consolidated bill that drugs demanded are emergent/life saving/essential drugs and are Not Available in the polyclinic medical stores neither a substitute/ equivalent drug was available.

(f) Stn Cdr will process the same for releasing payment with sanction of appropriate CFA.

(g) The list of drugs and consumables indented from local chemists alongwith quantity indented will be included in the next Emergent/ Normal polyclinic indent to SEMO.

(h) Monthly list of such drugs will be forwarded to SEMO for initiating procurement action by SEMO while forwarding the next demand.

(j) The Polyclinics will maintain a separate account for all purchases of this nature. All daily transactions will be maintained and particulars of patients who are issued the essential medicines will be recorded. The records will be checked by a Boards of Officers detailed by the Station Commander, and will be audited by Local Audit Officer (LAO) every quarter.

6. Funds required will be placed at the disposal of Station Commanders by Central Organisation ECHS. Due control shall be exercised by MOs/Spl/ OIC Polyclinics and Stn Cdrs to ensure that the monthly limit is available to maximum patients and is not exhausted in procuring medicines for a few patients. Existing provisions for reimbursement of costlier medicines for the diseases specified in Para 6 of GOI/MOD letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 03 for a period of 23/30 days may also be explored to benefit maximum number of veterans.

7. **<u>Special Instructions to MOs/ Spls of Polyclinics and Empanelled Hospitals.</u>**

(a) The demand for NA medicines will be supported by prescription signed by the Medical Officer/ Spl of ECHS polyclinic managing the case. In all such cases, the Medical Officer / Spl will ensure that there are no other substitutes available in the Polyclinic medical store in lieu of the drug required. Branded drug will be prescribed with due medical justification only. Demands will not be signed by Para Medical/Dental Staff under only circumstances.

(b) As specified in MCI Ethics Rules, pharmacy of a polyclinic is not an open pharmacy but is meant as self dispensing of medicines prescribed by Medical Officers/ Doctors of polyclinic only. All other prescriptions issued by other consultants shall be rewritten by polyclinic doctor keeping in mind availability. patient's condition and other drugs prescribed.

(c) Prescription of branded medicine by empanelled hospitals will have to be justified by treating Doctor and should be avoided as per National Policy. The AFV should also not insist on particular brand name of medicine if an equivalent is available in Polyclinic or supplied by Empanelled Local Chemists.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Encl: As above.

Copy to

US(WE)

PS to JS ESW

PPS to Secy (ESW)

CGDA, New Delhi - for dissemination to all concerned CDAs/ PCDAs.

UTI-ITSL - for info and necessary action pl.
1533/1, Above Farico Show Room
1st Floor, Old Madras Road
Halasuru,
Bangalore,
Karnataka-560008

Internal

Ops & Coord, P&FC, Claim Sec Stats & Automation Sec
for info for uploading in ECHS Website.

No. 22D(01)/2016/WVE/D(Res-1)
Government of India
Ministry of Defence

New Delhi, the 22nd August, 2017

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject - **Modification of Procedure for procurement of Drugs and consumables for Ex-servicemen Contributory Health Scheme (ECHS)**

Sir,

1. There have representations from the veterans regarding supply of medicines. DGAFMS has undertaken a series of modifications to procedures of procurement of mēdicines for ECHS beneficiaries. Meetings have been held with all the stakeholders and with due deliberations it has been decided to adopt a procedure in line with Authorised Local Chemist model of CGHS for procurement of medicines through the Empanelled local chemists

2. With reference to Govt of India, Ministry of Defence letter No 24(10)/ 03/US(WE) D(Res) dated 25th November, 2003. I am directed to convey the sanction of the Government on the Modification of Paras 17 to 25 and addition of Para 26 regarding Local "Purchase of Emergent, Life saving and Essential and Not Available drugs for ECHS as under :-

For

Para 17 to 25: Existing

Read

17. In all stations with ECHS polyclinics, local medical stores/ chemists will be empanelled for supply of Not Available, emergent, life saving and essential drugs on as required basis.

18. The empanelment of local medical stores/chemists will be done by a Board of Officers constituted by the Station Commander which will comprise:

Chairman - SO ECHS/ Col Rank officer detailed by Station Commander.

Members 1. - Lt Col (Non Medical) detailed by Station Commander
2. - Jt Dir Hospital Services of Regional Centre concerned/ Medical Officer detailed by Station Commander - Rep of IFA/PCDA/ CDA

19. The Board of Officers will invite Tenders through advertisement in the local press and e-procurement portal from local medical stores/chemists for empanelment with-ECHS Polyclinic. The Board will check the Technical

Enquiry. The Board will arrive at L1 Vendor based on maximum overall amount of discount on MRP for all the drugs to be supplied with a minimum QR of 15%. The tenderers will quote an overall discount figure irrespective of the quantity or number of individual drugs. The Board will consider parallel rate contract with L2 and L3 vendors and include their names in recommendation is those vendors agree to the L1 rates. The Board of Officers will submit a recommended list of local medical stores/chemists to the Station Commander for approval. The Contract will be signed with the approved local medical stores/chemists by Stn Hors for a period of two years. The detailed terms and conditions, formats of Tender Enquiry and Contract will be based on CGHS TE and contract of Authrosied Local Chemists. All CGHS Authrosied Chemists in the same city will be considered as deemed empanelled i.e need not participate in TE but sign the contract with Stn Cdr.

20. When an drug prescribed by the Medical Officer in the ECHS Polyclinic is 'not available' as confirmed from the stock in the medical store of polyclinic, the Officer in charge Polyclinic will raise a demand to the empanelled local medical store/chemist. The demand will be supported by prescription signed by the Medical Officer managing the case. In all such cases, the Medical Officer will ensure that there are no other substitutes available in the Polyclinic medical store in lieu of the - drug required. Branded drug will be prescribed with due medical justification only. On receipt of the demand, the empanelled local medical store chemist will supply the required drug to the Polyclinic. The indents will be preferably raised online to the empanelled local chemists and timelines as per CGHS contracts will be followed.

21. The Bills for the drugs supplied will be forwarded by the empanelled local medical store/chemists monthly to the Officer in charge Polyclinic along with a copy of the demand raised by the Polyclinic. The Officer in charge Polyclinic will after due verification authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQrs who will process the same for releasing payment with sanction of Station Commander/ appropriate CFA.

22. The payments on account of procurement of drugs and consumables from empanelled local chemists will be made from the cash assignments placed at the disposal of Station Commanders and in exercise of delegated financial powers vide para 1 of Appendix to GOL.letter No 24(3)/03/US(WE)/D(Res)0) dated 08 Sep US relating to payments and reimbursements for medical expenses. Funds required will be placed at the disposal of Station Commanders by Central Org ECHS. The payments will be effected by cheque/electronic payment.

23 The monetary ceiling for expenditure are enhanced as follows:-

Type A & B Polyclinics	:	Rs 2.5 lakh per month
Type C Polyclinic	:	Rs 1.5 lakh per month
Type D Polyclinic	:	Rs 1 lakh per month

Any expenditure above this limit will be approved by CO ECHS. The CO ECHS may re-appropriate the required funds from other polyclinics if required.

24. The list of drugs and consumables indented from local chemists along with quantity indented will be included in the polyclinic indent to SEMO when due.

Monthly list of such drugs will be forwarded to SEMO for initiating procurement action by SEMO As specified in MCI Ethics Rules, pharmacy of a polyclinic is not an open pharmacy but is meant as self dispensing of medicines prescribed by Medical Officers/ Doctors of polyclinic only. All other prescriptions issued by other consultants shall be rewritten by polyclinic doctor keeping in mind availability, patient's condition and other drugs prescribed.

25 The expenditure on account of local purchase of drugs and consumables from empanelled local medical stores/chemists will be monitored separately under the relevant revenue head

26 The Polyclinics will maintain a separate account for all purchases of this nature. All daily transactions will be maintained and particulars of patients who are issued the essential medicines will be recorded. The records will be checked by a Boards of Officers detailed by the Station Commander, and will be audited by Local Audit Officer (LAO) every quarter.

3. Rest of the letter no change. The modification will be effective from the date of issue of instructions by CO ECHS.

4. 'Not Available' drugs mentioned in para 15 pertain to stock position in Service Hospitals and will not be applicable to 'Not Available' drugs in Para 17 and para 20 as it pertains to state at Polyclinics.

5. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O. No. 10(3y/2016/FIN/Pen dated 3.8.17

Yours faithfully
(A K Farn)
Under Secretary to the Govt. of India

Copy to:
1. CGDA, New Delhi
2. DGADS, New Delhi
3. SO to Defence Secretary /PPS to Secretary, ESW
4. PPS to Secretary (Defence/Finance)
5. PPS to AS (Acquisition)
6. P.PS to AS (T)/ PPS to AS (1)
7. Addi FA (RK) & JS
8. JS (ESW) / JS (O/N)
9. Dir (Finance/AG)
10. Defence (Finance/AG/PD)
11. DFA (BYDFA (N)/DFA (Air Force)
12: AFA (B-1)
13. D (Works) / D (Mov) / D (Med)
14. O&M Unit

…4

15 DGAFMS
16. DGDE, New Delhi UDGD C&W
18. OMG
19. DGMS
20. DGMS (Air)
21. DGMS (Navy)
22. AOA
23. COP
24. MD Central Org ECHS
25. ADG C&W
26. DG (Works), E-in-C Branch
27. ADG (FP)
28. All Command Headquarters
29. AG Branch / CW-3
30. Navy Headquarters (PS Die)
31. Air Headquarters (PS & R)
32. CGHS Nirman Bhawan, : For issuing suitable instructions to ALC

Copies signed in ink :

33. PCDA (Army), Bangalore
34. PCDA (WC), Chandigarh
35. CDA (Army), Patna
36. PCDA (SC), Pune
37. CDA (Army), Meerut
38. PCDA (NC), Jammu
39. PCDA (Officers), Pune
40. PCDA (Navy), Bombay
41. PCDA (AF), Dehradun
42. CDA (Army), Jabalpur
43. CDA (Army), Secunderabad 44:
PCDA (Army), Lucknow
45. CDA (Army), Chennai
46. CDA (Army), Kolkata
47. CDA (AF), Delhi
48. CDA (Army), Guwahati

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF CENTRAL GOVERNMENT HEALTH SCHEME

E-TENDER NOTICE Open Tender Notice No. F. No. 55-05/2015-16/CGHS/MSD/ALC

Tender No. 51/2015-16

EMPANELMENT OF CHEMISTS FOR 49 CGHS WELLNESS CENTRES IN DELHI /NCR FOR THE PERIOD 2016-17

Applications are invited from reputed Local Chemists in 49 CGHS Wellness Centers in Delhi/NCR for empanelment for supply of medicines to the Central Government Health Scheme, Ministry of Health & Family Welfare, Government of India. Bidders are advised to refer to the tender published against each Wellness Centre that is provided at **Annexure -'D'**. Bidders are advised to participate online at "https://cprocure.gov.in/eprocure/app corresponding to the tender of Wellness Centers where interested. The e tender for each of the 49 CGHS Wellness Centers will be a separate tender. The bidder will have to upload required documents & Bids for each of the Wellness Centers separately for which she wishes to apply.

The tender notice can be downloaded from the Website https://cprocuire.gov.in/eprocure/app or http://msotransparent.nic.in/cghsnew/index.asp of the Ministry of Health and Family Welfare.

Eligibility Criteria:

1. The chemist must hold valid licenses as on the date of submission of Bid (continuously, for last two years 2014 15 & 2015-16) in specified forms (Form 20, 20-B, 21, 21-B and 21-C) issued by the Drug Control Authority of the State under the provisions of Drugs and Cosmetics Act, 1940. The successful Bidder will further ensure that their licenses remain valid on the date of bid opening and till the end of the contract period.

2. The chemist must not have been convicted by the State drugs authorities and no case should be pending under the Drugs and Cosmetics Act and Rules.

3. The Annual Turnover of the bidder (from CGHS & sources other than CGHS) in the previous two financial years should not be less than Rs. Sixty Lakh. The bidder has to submit an Audited Balance Sheet with Profit and Loss statement of the previous two years (2013-14 & 2014-15) in support thereof. The turnover from outside CGHS should not be less than Rs. Thirty Lakh in each of these two financial years 2012-13 & 2013-14.

4. The chemist shop should be situated within the CGHS covered area of the Zone.

5. Latest VAT paid Challan with no dues (VAT clearance) should be available with the bidder.

6. A copy of PAN allotted to the firm/owner.

7. Enquiries will be entertained before & in the pre-bid conference only. Clarification, if any, will be issued in respect of those clauses only where changes are made, online at 'https://eprocure.gov.in/eprocure/app'. No individual correspondence will be made/entertained.

Addl. Director, CGHS (HQ)

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF CENTRAL GOVERNMENT HEALTH SCHEME

Open Tender Notice No. F. No. 55-05/2015-16/CGHS/MSD/ALC

E-TENDER DOCUMENT FOREMPANELMENT OF AUTHORIZED LOCAL CHEMISTS (ALGS FOR 49 CGHS WELLNESS CENTERS IN DELHI/NCR FOR THE PERIOD 2016-17

The Central Government Health Scheme (CGHS) is providing comprehensive medical care facilities to the Central Government employees and pensioners and certain other categories of persons covered under the Scheme. As part of this Scheme, the beneficiaries are entitled to medical consultation and supply of medicines and drugs from the CGHS Wellness Centers. CGHS aspires to ensure timely supply of medicines/drugs to its beneficiaries. With this objective, the Additional Director CGHS (HQ), Central Government Health Scheme, Delhi for and on behalf of the President of India, invites tenders from the eligible local chemists for supply of medicines/drugs to the CGHS Wellness Centers in Delhi/NCR through e- tender. The list of the Wellness Centers is at Annexure-D.

Scope of Work	**EMPANELMENT OF AUTHORISED LOCAL CHEMISTS (ALCS) FOR 49 CGHS WELLNESS CENTRES IN DELHI/NCR**
EMD: -	To be submitted Rs. 100000/- (Rs. One Lakh only) for each Wellness Centre, in the form of DD/Pay Order

Interested parties may view and download the tender document containing the detailed terms & conditions, free of cost from the website http://eprocure.gov.in/eprocure/app

CRITICAL DATE SHEET

Tender No. and File No.	**51 and 55 05-/2015-16/CGHS/MSD/ALC**
Name of Organization	CENTRAL GOVT HEALTH SCHEME
Date of issue/Publishing	12/04/2016 (17.00 Hrs)
Document Download Start Date	13/04/2016 (11.00 Hrs)
Clarification Start Date	13/04/2016 (14.00 Hrs)
Date for Pre-Bid Conference	19/04/2016 (15.00 Hrs)
Clarification End Date	19/04/2016 (17.00 Hrs)
Venue of Pre-Bid Conference	Office of the Additional Director CGHS, (Medical Store Depot), Udyan Marg, Gole Market, New Delhi
Bid Submission start date	20/04/2016 (10.00 Hrs)
Last Date and Time for Uploading of Bids	05/05/2016 (17.30 Hrs)
Date and Time of Opening of Technica Bids	06/05/2016 (11.00 Hrs)
Address for Communication	Office of the Additional Director CGHS, Medical Store Depot, DIZ Area, Sec.-II, Udyan Marg, Gole Market, New Delhi-110001. Website: http://eprocure.gov.in/eprocure/app

INSTRUCTIONS TO THE BIDDERS

Instructions for Online Bid Submission:-

As per the directives of Department of Expenditure, this tender document has been published on the Central Public Procurement Portal (URL: https://eprocure.gov.in/eprocure/app). The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance with the requirements and submitting their bids online on the CPP Portal. More information useful for submitting online bids on the CPP Portal may be obtained at: https://eprocure.gov.in/eprocure/app

REGISTRATION

(1) Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal (URL: https://eprocure.gov.in/eprocure/app) by clicking on the link "**Online Bidder Enrollment"**. Enrolment on the CPP Portal is free of charge.

(2) As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.

(3) Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.

(4) Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class II or Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / TCS/n Code / eMudhra etc.), with their profile.

(5) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSCs to others which may lead to misuse.

(6) Bidder then logs in to the site through the secured log-in by entering their user ID / password and the password of the DSC / e-Token.

SEARCHING FOR TENDER DOCUMENTS

(1) There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters **c**ould include Tender ID, organization name, location, date, value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as organization name, form of contract, location, date, other keywords etc. to search for a ender published on the CPP Portal.

(2) Once the bidders have selected the tenders they are interested in, they may download the required documents / tender schedules. These tenders can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS / e-mail in case there is any corrigendum issued to he tender document.

(3) The bidder should make a note of the unique Tender ID assigned **to each**

PREPARATION OF BIDS

(1) Bidder should take into account any corrigendum published on the tender document before submitting their bids.

(2) Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.

(3) Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document / schedule and generally, they can be in PDF / XLS / RAR/DWF formats. Bid documents may be scanned with 100 dpi with black and white option.

(4) To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use "My Space" area available to them to upload such documents. These documents may be directly submitted from the "My Space" area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process**.**

SUBMISSION OF BIDS

(1) Bidder should log into the site well in advance for bid submission so that he/she upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.

(2) The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document**.**

(3) Bidder has to select the payment option as "offline" to pay the tender fee / EMD as applicable and enter details of the instrument.

(4) The bidder shall seal the original Bank Draft/Pay order /Bank Guarantee as per Annexure EMD in an envelope. The Bidder shall mark its name and tender reference number on the back of the Bank Draft/ Pay order before sealing the same. The address of NIC, name and address of the bidder and the Tender Reference Number shall be marked on the envelope. The envelope shall also be marked with a Sentence "NOT TO BE OPENED BEFORE the Date and Time of Bid Opening". If the envelope is not marked as specified above, NIC will not assume any responsibility for its misplacement, pre-mature opening etc. In case EMD is sent through Speed Post and it must reach <Tender Inviting Authority> as per date and time mentioned above in the name of <Tender Inviting Authority>. EMD not meeting above deadlines will not be accepted and their uploaded bid will be rejected.

(5) A standard BoQ format has been provided with the tender document to be filled by all the bidders. Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. Bidders are required to download the BoQ file, open it and complete the white coloured (unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without

changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.

(6) The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.

(7) All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128 bit encryption technology. Data storage encryption of sensitive fields is done.

(8) The uploaded tender documents become readable only after the tender opening by the authorized bid openers**.**

(9) Upon the successful and timely submission of bids, the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.

(10) The bid summary has to be printed and kept as an acknowledgement of the submission of the bid. This acknowledgement may be used as an entry pass for any bid opening meetings.

ASSISTANCE TO BIDDERS

(1) Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the <Tender Inviting Authority> for a tender or the relevant contact person indicated in the tender.

(2) Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk. The contact number for the helpdesk is 1800-3070-2232.

SECTION – 1

1. SCOPE OF WORK

2. ELIGIBILITY

2.1 The chemist shop should be in existence continuously for at least last two years. (copy of licenses held for last two years have to be scanned and uploaded on the e-tender module).

2.2 The chemist shop should be situated within the CGHS covered area of the Zone.

2.3 The Annual Turnover of the bidder should not be less than Rupees Sixty Lakh. At least Thirty Lakh of the turnover in each of the last two years should be from outside CGHS. The bidder has to submit an Audited Balance Sheet with Profit and Loss statement and Balance sheet of the previous two years in support thereof.

2.4 The chemist must hold a valid license continuously for last two years 2014-15 & 2015-16 issued by Drug Controller Authority of the State for running the chemist shop namely Form 20, 20-B, 21, 21-B & 21- C, under the Provisions of Drugs and Cosmetics Act 1940 and subsequent amendments as on the date of submission of Bid and also on the date of Bid opening. The successful Bidder will further ensure that their licenses remain valid till the end of the contract period. (All the relevant documents have to be scanned and uploaded onto the e-procurement module while submitting the tender).

2.5 The chemist must not have been convicted by the State drugs authorities and no case should be pending under the Drugs and Cosmetics Act and Rules against him and he should submit 'Non Conviction Certificate' from the State Drug Controller**.**

2.6 A copy of the latest VAT deposit Challan with no dues should be available. A copy of the same to be scanned and uploaded with the Bid Documents.

2.7 All documents should be submitted online only.

3. COST OF BIDDING

Prospective bidder Chemist shall bear all the costs associated with the preparation and submission of the e-bid. CGHS in no case will be responsible or liable for these costs regardless of conduct or outcome of the Tender process.

4. PRE BID MEETING

4.1 A pre-bid meeting open to all prospective bidders will be held as per CRITICAL DATE SHEET in the office of the Additional Director CGHS, Medical Store Depot, Delhi wherein the prospective bidders will have an opportunity to obtain further information and clarifications regarding work and the tender terms & conditions.

4.2 The prospective bidders are free to ask for any additional information and seek clarifications concerning the work either in writing or orally. The clarifications given shall be common and applicable to all. No individual correspondence shall be entertained by CGHS thereafter with the prospective bidders/their representatives.

Availability of Tender

The tender document is available at CPPP e-procurement site i.e.

http://eprocure.gov.in/eprocure/app

Prospective bidders desirous of participating in this tender may view and download the tender document free of cost from the above mentioned website.

5. BIDDING PROCEDURE, SIGNING AND SUBMISSION OF BIDS

5.01 The bidder must submit his e-bid in two parts as mentioned below:

Part 1:- Called "Technical Bid" containing:

(A) **Earnest Money: -**

The bidders are required to submit an EMD of Rs. 1,00,000/- (Rupees One Lakh only) separately for each Wellness Centre through a Demand Draft payable in the name of "Pay and Accounts Officer, CGHS, New Rajinder, New Delhi" as Earnest Money. The bidders can apply to bid for any number of Wellness Centers & one EMD per WC will be required per bidder. The demand draft must be issued by a Scheduled Bank. EMD as Demand Draft in Original should be sent to the O/o Additional Director CGHS, Delhi, to be deposited by hand well before the last date and time of bid submission. The Bid of those Bidders will not be opened where the EMD is not received physically as stated above.

(B) **Documents establishing Bidders eligibility (Technical Bid):**

The following documents should first be self attested by the authorized signatory of the bidder and then should be scanned and uploaded while submitting the E- tender as mentioned below.

(i) Scanned copy of EMD/ Demand Draft for Rs. 1,00,000/-(Rupees one Lac only) separately for each Wellness Center. The Bidder will also upload ECS Mandate Form with details of bank address, Account No. etc & a copy of the cancelled Cheque for refund of EMDS.

(ii) Duly attested copy each of the valid Drug Licenses for the last two financial years 2013-14 & 2014-15 and each of valid license held by the bidder as on the date of submission of Bid in specified forms (Form 20, 20-B, 21, 21- B and 21-C) issued by the Drug Control Authority of the State under the provisions of Drugs and Cosmetics Act, 1940. The successful Bidders will ensure that their licenses remain valid on the date of bid opening and till the end of the contract **Period.**

(iii) Scanned copy of Declaration of bidder as per Annexure - C duly signed.

(iv) Copy of the relevant deeds e.g. Proprietorship/ Partnership Deed or as per clause 5.02 (b) i, ii, iii, of the tender document.

(v) Photocopy of latest VAT Deposit Challan with no dues.

(vi) Non conviction certificate from State Drugs Controller.

(vii) Scanned copies of the audited balance sheets for the last two financial years 2012-13 & 2013-14 to establish the turnover of the bidder.

(viii) Proof of purchase of bar code scanning and labeling facility including **bar code reader and label maker by the bidder.**

(ix) Scanned copy of PAN Card of Proprietor or the firm as the case may be & ITRs for the last two financial years 2012-13 & 2013-14.

(x) An undertaking on the letter head of the Firm/Company to the effect that "The Bidder has gone through all the Terms & Conditions of the Tender document & the same are acceptable to the Tenderer". Scanned copy of the undertaking to be signed by the authorized signatory.

(xi) Copy of affidavit stating that the contract of the bidder, if empanelled earlier, was not terminated by CGHS in the preceding three years. All pages should be numbered in the same order as above and the check list for above documents showing page no. should be uploaded along with the documents**.**

Part 2:- Called "Commercial Bid" which shall contain:

(A) Main Price Bid to be uploaded in (.xls Form) as provided in the tender.
NB: Bids quoting less than 15% discount on MRP (inclusive of all taxes) shall not be considered. **5.02 (a)** The Bid is liable to be rejected, if the requisite information / documents have not been furnished as asked for in Clause - 5.01

(B). Individual signing the Bid an**d other documents must spe**cify whether s/he signs as: i. A sole proprietor of the firm, or constituted attorney of such proprietor. ii. A partner of the firm, if it is a partnership firm and in this case he must have a clear legal authority to sign, answer and admit to refer disputes to arbitration. iii. Constituted Attorney/Authorized Signatory; if it is a company.

Note: -

(1). In case of (ii) above a copy of the Partnership Deed, General Power of Attorney, duly attested by a notary public and an affidavit to the effect that all the partners admit execution of the partnership and the General Power of Attorney be uploaded. 2. In case of partnership firm, where no authority to refer disputes concerning the business or the partnership has been conferred on any such partner, the Bid and all other related documents must be signed by every partner of the firm.

(2). A person signing the Bid form or any documents forming part of the bid on behalf of another, shall be deemed under warranty that he has authority to bind with his acts such other person. If on enquiry, it appears that the person so signing has no authority to do so, CGHS, without prejudice to other civil and Criminal remedies can cancel the contract and hold the signatory responsible for all costs and conveyances arising there from.

5.03 PERIOD OF VALIDITY OF BIDS

The Bids shall be valid for acceptance for 90 days after the date of bid opening prescribed by the CGHS and shall be further extendable by another 30 days at the request of CGHS.

5.04 PERIOD OF CONTRACT

The contract shall initially be for a period of **one year** from the date of the signing of contract. However, the contract is extendable for another year on the same terms & conditions of contract, strictly on the basis of satisfactory performance, at the sole discretion of Additional Director CGHS (Medical Store Depot), Delhi.

5.05 RIGHT TO ACCEPT/REJECT ANY BID

The Additional Director CGHS (HQ), Delhi reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids at any time without thereby incurring any liability to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the CGHS' action. The Additional Director CGHS (HQ), Delhi doesn't pledge himself to accept the highest discount offering Bid or any Bid and reserves to himself the right of accepting the whole or any part of the Bid and Bidder shall supply the medicines at the rates quoted.

5.06 PERFORMANCE SECURITY GUARANTEE

The successful bidder will have to furnish a Performance Security for an amount equivalent to 5% of the expected business (in respect of each Wellness Centre to be allotted to him in the form of either a Bank Guarantee, valid for 6 months beyond the term of the contract, issued by a scheduled bank as per format at Annexure - A or a Demand Draft issued by a Scheduled Bank. If by Demand Draft, it should be favoring "Pay and Account Officer, CGHS, New Delhi"; and, if in the form of a bank guarantee, favoring **"Additional Director CGHS (Medical Store Depot), Delh**i". No claim shall be made against Government of India / Additional Director CGHS (HQ/MSD), Delhi in respect of interest accrued, if any, due on the Performance Security deposit. In case of extension of contract for another year the Performance Guarantee should be renewed to ensure that it remains valid up to six months beyond the validity of the extended contract period. Bidder should ensure validity of Performance Security for extended period.

5.07 CORRUPT OR FRAUDULENT PRACTICES

(i). CGHS requires that the Bidders observe the highest standards of ethics and conduct during the tender process and afterwards during the execution of such contract.

(ii) In pursuance of this policy, the terms and conditions are set forth as follows:-

(a) "Corrupt practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official in the tender process or in the process of execution of contract.

(b) "Fraudulent practice" means misrepresentation or concealment of any material facts in order to influence the tender process or execution of a contract to the detriment of CGHS, and includes collusive practice among Bidder (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive CGHS of the benefits of free and fair competition;

(iii) CGHS will reject a proposal for award of contract, if it determines that the bidder recommended for award has engaged himself in corrupt or fraudulent practices while competing for the contract in question;

(iv) CGHS will declare a firm ineligible, either indefinitely or for a specified period of time, for award of the contract if at any time it determines that the firm was engaged in corrupt and fraudulent practices while competing for or in executing the contract.

(v) Any concealment of fact like blacklisting or non-performance in earlier contract will make the Bid inadmissible.

5.08 FORFEITURE

The Earnest Money may be forfeited if a Bidder withdraws its tender during the period of bid validity or in case of a successful Bidder, if the Bidder fails: -

(i) To sign the contract in accordance with the terms and conditions,

(ii) To furnish Performance Security as specified in the terms and conditions.

6. SUBMISSION OF BIDS

The Bidders will submit all the Bid documents online using Central public procurement portal only.

6.1. Online bids (complete in all respect) must be uploaded on http://eprocure.gov.in/eprocure/app 6.2 In case, the day of bid submission/opening is declared Holiday by Govt. of India, the next working day will be treated as day for submission/opening of bids. There will be no change in the timings.

6.3 Bids NOT submitted as per the specified format and nomenclature will be out rightly rejected.

6.4 Conditional/Ambiguous bids will be out rightly rejected. 6.5. The offers submitted by telegram/fax/ E-mail etc. shall NOT be considered. No correspondence will be entertained on this matter.

7. PRICING

The bidder should quote uniform discount in percentage terms on the Maximum Retail Price (MRP) (inclusive of all taxes) printed on the strip/ Bottle/ unit packed, in respect of all items of supplies to be made under the Contract. The quoted offer of Discount shall be on the MRP inclusive of all taxes and shall remain firm and fixed for the entire duration of the contract.

8. INSPECTION OF BIDDERS PREMISES

If the Technical Bid on the basis of the documents mentioned in this section appears to be in fulfillment of eligibility, the premises of bidders will be inspected by a team of authorized officers of CGHS Delhi for:-

(a) Physical verification of location of the retail shop within the limits of CGHS covered area of the Zone for which the bid has been submitted.

(b) Verification of original documents of those uploaded earlier during the bid.

(c) Availability of proper cold-chain maintenance facilities and power back up systems.

(d) Assess availability of adequate stock of medicines and financial viability etc before opening the Commercial Bid.

(f) Bar code scanning and labeling facility including bar code reader and label maker and software In case, the team is not satisfied with the veracity of the claims of the bidder, he will be declared ineligible for participation in the further processes and his Commercial Bid will not be opened.

9. OPENING OF BIDS

Bids shall be opened online through the e-tender portal http://www.eprocure.gov.in/eprocure/apo

9.1

9.2

9.3 Financial bids of only those bidders, whose bids found technically qualified, by the Technical/Financial Evaluation Committee, will be opened subsequently for further evaluation.

10. MISCELLANEOUS: -

10.1 The Additional Director CGHS (MSD) reserves the right to enter into parallel contracts simultaneously or at any time during the period of this contract, with one or more eligible chemists.

10.2 Appointed chemist shall attend the meetings fixed by the Local Advisory Committee in the Wellness Centre as and when called for.

10.3 Those chemists, whose contracts had been terminated by CGHS during the last three years on charges of substitution of medicines, over charging, misbehavior with CGHS beneficiaries/officers, non-adherence to the terms and conditions of contract, etc., shall not be considered for empanelment as authorized local chemist under CGHS. An affidavit that the contract of the bidder (in case the bidder was earlier empanelled) was not terminated by CGHS in the preceding three years shall be submitted.

10.4 The successful Bidder's Earnest Money will be discharged upon the Bidder executing the Contract and furnishing the Performance Security. Unsuccessful Bidder's Earnest Money will be discharged / returned within 30 days after the expiration of the period of tender offer validity prescribed by the CGHS.

10.5 One bidder can apply for any number of wellness centers but will be allotted maximum five number of wellness centers for the purpose of supply of drugs/medicines under the contract. If the bidder has applied for more than five wellness centers and his offer is found to be offering maximum discount in other wellness centers also in addition to the maximum five allotted to him, he will be treated as ineligible for rest of the wellness centers. The next successful bidder with highest offer of discount will be considered for appointment as Authorized Local Chemist for that Wellness Centre subject to fulfillment of all other terms and conditions as set out in this Tender document. In case of identical offers with same rate of discount for two or more Wellness Centres by a bidder, decision of the Tender Committee will be final in regard to allotment of CGHS Wellness Centres to that firm for the purpose of this contract.

The following Tie-breaker procedure will be adopted to break the tie (in order of listing):

(i). Distance of the Chemist's premises from the WC (nearer the Chemist, more the preference**)**

(ii). Turnover of the Bidder: More the turnover, more the preference 3. Duration of Establishment: Longer the period of establishment, more the preference**.**

10.6 In case In case of identical discount offer by more than one Bidder for a WC, the following Tie breaker procedure will be adopted to break the tie (in order of listing):

(i). Distance of the Chemist's premises from the WC (nearer the Chemist, more the preference**)**

(ii). Turnover of the Bidder: More the turnover, more the preference Fit

(iii). Duration of Establishment: Longer the period of establishment, more the preference**.**

10.7 If there is no eligible bidder for a wellness centre, the empanelled chemists of the other Wellness Centers with highest offered rate of Discount in the zone may be considered for empanelment / allotment by the tender committee, failing which the Chemist with next highest Discount in the zone will be offered the contract, if otherwise eligible, and so on.

SECTION - II

Conditions of Contract

1. COLLLECTION OF INDENT FOR SUPPLY

The Authorized Local Chemist or his representative shall receive local purchase indent online through internet from the allotted Wellness Centres) during the time allotted before the specified closing hours from the allotted Wellness Centre(s).

2. DELIVERY OF SUPPLIES

The delivery of supplies in full will be made on the next working day by 7.30 a.m. or at the opening hours of unit/Wellness Centers, whichever is later, at the premises of the Wellness Centre(s) indenting the supplies or in case of emergency at the residence of the patients as directed by CMO 1/c of the Wellness Centre/unit.

3. NON SUBSTITUTION

In case of indent for specific brand of medicines, the brand shall not be substituted.

4.

4.1 PACKED SUPPLIES

Supplies are required to be made in original packing of manufacturer. The packing should approximately be nearest to the total quantity demanded of any particular medicine/drug on any particular day.

4.2 INDIVIDUAL PACKETS

The local chemist shall supply bar-coded medicines indented for one patient in one packet and write the name and the Beneficiary ID number on the packet of the patient.

5. AUTHORITY SLIP

In case an Authorized Medical Attendant of the Wellness Centre concerned gives any 'By Hand' Authority Slip to a beneficiary, the medicines will be supplied immediately to the beneficiary for a period as mentioned in the slip or for upto 7 days or nearest pack size.

6. LIFE PERIOD OF MEDICINES SUPPLIED

Every medicine has its own shelf-life period mentioned on the label of medicine. The shelf life of medicines supplied should not have passed more than half of its shelf life at the time of supply.

7.

7.1 ONLINE CONNECTIVITY WITH WELLNESS CENTRES:

The local Chemist shall ensure reliable internet connectivity to ensure connectivity to CGHS Network to receive online indent from the Wellness Centre(s). Copies of the indent shall be printed by the local chemist on plain computer stationary as per the specifications prescribed by CGHS. The chemist must also have facilities for Bar code printing as well as bar code scanning.

7.2 PRESENTATION OF BILLS:

(i) The Authorized Local Chemist shall present the bill to respective unit for the supplies made during each fortnight (1 to 15 & 16 to 30/31) within ten days of closing of each respective fortnight. The bill should clearly indicate the details of the supplies made each day such as name of the item, name of manufacturer, batch No., date of manufacture & expiry date, name of beneficiary, beneficiary ID No. with date, rate, discount as per contract etc. and any other information required by the CGHS.

(ii) The bill shall be supported by the original indent along with the certificate from the Chief Medical Officer In charge of the Wellness Centre under his/her signature, with date, seal of the office for receipt of the items indented. Incomplete bills not accompanied by any of the particulars mentioned in (1) above will not be entertained.

8. PERIOD UPTO WHICH SUPPLY ORDERS WILL BE PLACED

Supply orders will be placed against the contract up to the last date of the contract. Orders received even on the closing date should be honored in accordance with the terms of contract even though the last date of the contract may have expired on the date of supply of medicines.

9. PERFORMANCE SECURITY HET The amount of Performance Security shall be liable to be forfeited if the medicines supplied by the Authorized Local Chemist against the indents placed on them in pursuance of this contract are subsequently found as having been stolen from anywhere or are not conforming to quality. The Performance Security is also liable to be forfeited if the authorized chemist:

(i) Fails to adhere to the terms of the Contract or
(ii) Supplies any sub-standard, spurious drugs or substitutes medicines.
(iii) Delays supplies.
(iv) Over charges
(v) If the chemist is found engaged in corrupt and fraudulent practices including subcontracting.
(vi) The Chemist should not stop the supplies of the medicines/drugs without giving 30 days notice.

10. DEDUCTIONS FOR DELAY/DEFAULT

10.1 In case of indent for specific brand of medicines, the same shall not be substituted. If any such case is noticed during subsequent scrutiny after or before the payment, then supplier will be penalized Rs.1000/- along with the cost of the specific brand of medicines for each such default.

10.2. The indented drugs shall be supplied in full on the next working day by 9.00 3.in. or at the Centers. In case of emergency, the indented drugs shall be delivered at the residence of the patients as directed by CMO 1/C of the Wellness Centre/unit. In the event of non-supply of indented medicines in time as aforesaid, Rs. 500/- will be deducted from the bill of the Chemists for each day or part thereof of delay in respect of each brand.

11. TERMINATION FOR DEFAULT

CGHS may, without prejudice to any other remedy for breach of contract, by written notice of default sent to the bidder, terminate the Contract in whole or part:

(a) If the bidder fails to provide any or all of the services within the period(s) specified in the Contract

(b) If the bidder fails to perform any other obligation(s) under the Contract.

(c) If the bidder, in the judgment of the CGHS has engaged in corrupt or fraudulent practices in competing for or in executing the Contract including sub-contracting.

12. RESERVATION OF RIGHT FOR APPOINTMENT OF MORE CHEMISTS FOR EACH CGHS UNIT:-

The Additional Director CGHS (Medical Store Depot) reserves the right to appoint any number of Authorized Local Chemists for each unit. The Additional Director CGHS (Medical Store Depot) also reserves the right to allocate, reallocate the Wellness Centres, existing and new ones, under the CGHS that may be set up during the currency of the contract. Additional Director CGHS (Medical Store Depot) also reserves the right to decide which chemist shall normally serve which CGHS unit. Without prejudice to the right, emergency purchases can be preferred from any of the empanelled chemist irrespective of such allotment of unit to each Authorized Local Chemist for purchase of normal supplies.

13. SUPPLY OF MEDICINES:

13.1 Sufficient stock of standard quality of medicines at all times will have to be maintained by the chemist, to avoid inconvenience to the CGHS beneficiaries.

13.2. In case of failure or refusal on chemist's part to supply the medicines to the purchaser/ beneficiaries within the time as provided in the relevant clauses of this Tender document, the contract is liable to be terminated /cancelled at chemist's risk and cost. Any additional cost involved in arranging supply from alternative source will be recovered from the chemist. This will be in addition and without prejudice to the deduction in clauses 12 &13.

13.3 The chemist will indicate batch number, name of manufacturer, date of

expiry of drugs indented in the relevant columns of the Indent sheet at the time of supplying the medicines/drugs to the concerned CGHS Units/Wellness Centre(s).

13.4 (a) The medicines/drugs to be supplied shall be of standard quality. In case it is found that a drug/ medicines is expired or is near the date of expiry, found not of standard quality, substandard or spurious, supplier's (Appointed Authorized Local Chemist) firm will be liable to be debarred for a period of 3 years besides other legal action that may be initiated against them as per law. In case the supplier fails to supply indented drugs/medicines, then CGHS / beneficiary will be entitled to procure the same from other chemist and the supplier will be liable to reimburse in full the price paid by the CGHS / beneficiary. However the chemist will be allowed to claim what would be payable to him for the medicines as per the agreed terms and conditions.

13.4 (b) In case of indent of drugs by a specific brand of medicines, the same shall not be substituted by another brand. If any such case is noticed during subsequent scrutiny after or before the end, the supplier will be penalized for Rs.1000 in addition to the cost of the specific brand of medicine indented for each such default.

13.5 The designated chemist shall deliver the indented medicines in separate packets for each and every individual beneficiary.

13.6 Force Majeure: Supplier shall not be liable for forfeiture of its performance security, imposition of penalty or termination for default, if and to the extent that its delay in performance or other failure to perform its obligations under the contract is the result of an event of Force Majeure **which means an event b**eyond the control of the supplier and not involving the supplier's fault or negligence and not foreseeable. Such events may include, but are not limited to, acts of the purchaser either in its sovereign or contractual capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargos. If a force majeure situation arises the supplier shall promptly notify the purchaser in writing of such conditions and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical and shall seek all reasonable **alternative means f**or performance not prevented by th**e force majeure event.**

14. INDEMNITY

The bidder shall indemnify the CGHS against all actions, suits, claims and demands brought or made against it in respect of anything done or committed to be done by the bidder in execution of or in connection with the work of this contract and against any loss or damage to the CGHS in consequence to any action or suit being brought against the bidder for anything done or committed to be done in the execution of this contract. The bidder will abide by the job safety measures prevalent in India and will free the CGHS from all demands or responsibilities arising from accidents or loss of life, the cause of which is the bidder's negligence. The bidder will pay **all indemnities arising from such incidents without any extra cost to CGHS and will not hold the CGHS responsible or obligated. The CGHS may at its discretion and entirely at the cost of the bidder defend such suit, either jointly with the bidder or single in case the latter chooses not to defend the case.**

15. PAYMENT

The Authorized Local Chemist shall submit claims for payment of bills twice in a month. Payments of the bills presented will normally be arranged in 4 to 6 weeks from the date of presentation of the bill however, the authorized chemist shall make no claim from the Government of India (CGHS) in respect of interest or damages in case the payment is delayed for any reasons. The payment will be made through ECS for which bidder should give requisite ECS Mandate Form with details of bank address, Account No. etc & a copy of the cancelled Cheque.

16. ARBITRATION

(i) "In the event of any dispute or difference between the parties hereto, such disputes or differences shall be resolved amicably by mutual consultation. If such resolution is not possible, then the unresolved dispute or difference shall be referred to arbitration of the sole arbitrator to be appointed by the Additional Secretary & Director General. CGHS, Ministry of Health & Family Welfare, on the recommendation of the Secretary, Department of Legal Affairs ("Law Ministry"), Government of India. The provisions of Arbitrations and Conciliation Act, 1996 (No. 26 of 1966) shall be applicable to the arbitration. The venue of such arbitration shall be at New Delhi or any other place, as may be decided by the arbitrator. The language of arbitration proceedings shall be English. The arbitrator shall make a reasoned award (the 'Award'), which shall be final and binding on the parties. The cost of the arbitration shall be shared equally by the parties to the agreement. However, expenses incurred by each parties in connection with the preparation, presentation shall be borne by the party itself.

(ii) Pending the submission of and / or decision on a dispute, difference or claim, or until the arbitral award is published, the party shall continue to perform all of their obligations under this agreement without prejudice to a final adjustment in accordance with such award".

17 NOTICES:

17.1 Any notice given by one party to the other, pursuant to this Contract shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other Party's address as below.

CGHS*: Additional Director CGHS (Medical Store Depot), Delhi.

Bidder* _____

17.2 Notice shall be effective when delivered or on the notice's effective date, whichever is later.

ANNEXURE - A

EMPANELMENT OF CHEMIST FOR WC IN DELHI / NCR

PERFORMANCE SECURITY FORM (PSF) (For **an amount of 5% of the expected business in respect of CGHS Wellness Centre allotted to him for supply of drugs / medicines)**

To,

The President of India
Through Additional Director CGHS)
Medical Store Depot,
New Delhi-110001

WHEREAS _____ (Name of successful bidder) hereinafter called "Successful Bidder" has undertaken, purchase Contract No. _____**dated,** _____ **2014 to** _____ (Description of Services) hereinafter called "the Contract" in pursuance of Tender Document dated _____issued by.

AND WHEREAS it is one of the terms of the tender document that the successful bidder has to **submit a performance bank guarantee by a nationalized bank for entering into a contract.**

AND WHEREAS it has been stipulated by you in the said contract that the successful bidder shall furnish you with a bank guarantee by a nationalized bank for the sum specified therein as security for the compliance with the successful bidder's performance obligations in accordance with the contract.

AND WHEREAS we have agreed to give guarantee for the successful bidder.

THEREFORE WE hereby affirm that we are guarantors and responsible to you up to a total sum of Rs----------/Rupees only) and we undertake to immediately pay you, upon your first written demand declaring the successful bidder to be in default under the contract and without **demur cavi**l or argument, any sum or sums within th**e amount as afores**aid, without your needing to prove or to show the grounds or reasons for your demand or the sum specified **therein.**

A letter from your office that the successful bidder has committed default in the due and faithful performance of all or any of its obligations under and in accordance with the contract shall be conclusive, final and binding on us. We further agree that you shall be the sole judge as **to whether t**he successful bidder is in default in due and faithful performance of its obligations under the contract and your decision that he is in default shall be final and binding on us, notwithstanding any differences between you and successful bidder or any disput**es between** you and him pendin**g before an Arbitrator or any o**ther court or tribunal or authority.

In order to give effect to this guarantee you shall be entitled to act as if we are the principal debtor and any change in our constitution or that of successful bidder shall not, in any way, or manner affect our liability or obligation under this guarantee.

You shall have liberty, without affecting in any manner our liability under this guarantee, to vary at any time, the terms and conditions of the contract or to extend the time or period for compliance or to postpone for any time the exercise of any of your rights or enforce or forebear from enforcing any of the terms and conditions of the contract and we shall not be released from our liability or obligation under this guarantee by any exercise of such liberty by you or other forbearance, indulgence, act or omission on your part.

We undertake not to revoke this guarantee during its currency.

Any notice by way of request, demand or otherwise hereunder may be sent by post addressed to us at above referred branch, which shall be deemed to have been duly authorized to receive such notice and to effect payment thereof forthwith, and if sent by post it shall be deemed to have been given at the time when it ought to have been delivered in due course of post and in proving such notice, when given by post, it shall be sufficient to prove that the envelope containing the notice was posted and a certificate signed by any of your officers that the envelope was so posted shall be conclusive.

This guarantee shall come into force with immediate effect and shall remain in force and effect for a period of six months beyond the validity of the contract or until it is released by you pursuant to the provisions of the contract.

Signed and sealed this day of 2015 at

SIGNED, SEALED AND DELIVERED

For and on behalf of (Name of the bank)

By:

(Signature)

(Name :)

(Designation:)

(Address :)

ANNEXURE-B

TENDER ACCEPTANCE LETTER (To be given on Company Letter Head)

Date:

To.

Sub: Acceptance of Terms & Conditions of Tender.

Tender Reference No:

Name of Tender / Work: -

Dear Sir,

1. I/We have downloaded/ obtained the tender document(s) for the above mentioned 'Tender/Work' from the web site(s) namely: as per your advertisement, given in the above mentioned website(s).

2. I/ We hereby certify that I / we have read the entire terms and conditions of the tender documents from Page No. ____ to (including all documents like annexure(s), schedule(s), etc.), which form part of the contract agreement and I/we shall abide hereby by the terms / conditions / clauses contained therein.

3. The corrigendum(s) issued from time to time by your department/ organization too have also been taken into consideration, while submitting this acceptance letter.

4. I / We hereby unconditionally accept the tender conditions of above mentioned tender document(s) / corrigendum(s) in its totality/ entirety.

5. In case any provisions of this tender are found violated, then your department organization shall without prejudice to any other right or remedy be at liberty to reject this tender/bid including the forfeiture of the full said earnest money deposit absolutely.

Yours Faithfully,

(Signature of the Bidder, with Official Seal)

Enclosure:-

ANNEXURE-C

EMPANELMENT OF CHEMIST FOR WC IN DELHI / NCR

Declaration of Bidder

From:

Complete address of the bidder

with Phone/ Fax, Mobile No & e-mail address

To:
Additional Director CGHS
Medical Store Depot
DIZ Area-II, Udyan Marg, Gole Market
New Delhi-110001.

Dear Sir,

1. I/We hereby offer to supply medicines/drugs to CGHS Wellness Centre _____as indicated in the Bid notice or to such Wellness Centers/hospitals/ units, you may specify in the acceptance of Bid at the rate given in Price Bid attached and agree to hold this offer open till _____I/we shall be bound by a communication of acceptance dispatched within the prescribed time.

2. I/we have understood the Instructions to the Bidders and Conditions of Contract and fully accept them.

3. I/we are fully aware of the nature of medicines/drugs required and my / our offer is to supply the medicines/drugs strictly in accordance with the requirements of CGHS.

4. I/we agree to arrange supplies of standard quality medicines / drugs in accordance with the nomenclature, specifications and packages given in the local purchase indents.

5. I/we agree that the supply of aforesaid will comply with provisions of Drugs & Cosmetics Act, 1940 and rules made there under.

6. My/our shop is situated within CGHS COVERED AREA OF THE ZONE.

7. My/our firm has not been convicted by the State Drugs Authorities and no case is pending under the Drugs and Cosmetics Act and Rules.

SIGNATURE OF WITNESS	SIGNATURE OF BIDDER
NAME	NAME
ADDRESS:	ADDRESS:
DATE: .../../.....	DATE: .../.../…

ANNEXURE-D

List of the CGHS Wellness Centers

S. NO.	ZONE	NAME OF THE WC	WC Code	TENDER ID
1	**CZ**	Chankya Puri	**D23**	2016 DGHS_82987_1
2	**CZ**	North Avenue	**D31**	2016 DGHS_82987_2
3	**CZ**	Telegraph Lane	**D34**	2016 DGHS_82987_3
4	**CZ**	Dr. Z. H. Road	**D44**	2016 DGHS_82987_4
5	**CZ**	Minto Road	**D4**	2016 DGHS_82987_5
6	**CZ**	FAP Supreme Court	**D93**	2016 DGHS_82987_6
7	**EZ**	Chandni Chowk	**D8**	2016 DGHS_82987_7
8	**EZ**	Daryaganj	**D28**	2016 DGHS_82987_8
9	**EZ**	Greater Noida	**D22A**	2016 DGHS_82987_9
10	**EZ**	Subzi Mandi	**D6**	2016 DGHS_82987_10
11	**EZ**	Shahibabad	**D94**	2016 DGHS_82987_11
12	**EZ**	Noida Sector 82	**D95**	2016 DGHS_82987_12
13	**EZ**	Ghaziabad	**D68**	2016 DGHS_82987_13
14	**EZ**	Vaishali Indirapuram	**D97**	2016 DGHS_82987_14
15	**NZ**	Pusa Road	**D18**	2016 DGHS_82987_15
16	**NZ**	Dev Nagar	**D19**	2016 DGHS_82987_16
17	**NZ**	New Rajinder Nagar	**D45**	2016 DGHS_82987_17
18	**NZ**	Rohini Sec.-16	**D89**	2016 DGHS_82987_18
19	**NZ**	Jharoda kalan (Najafgarh)	**D33A**	2016 DGHS_82987_19

20	**SZ**	Andrews Ganj	**D39**	2016 DGHS_82987_20
21	**SZ**	Munirka	**D71**	2016 DGHS_82987_21
22	**SZ**	Pushp Vihar	**D78**	2016 DGHS_82987_22
23	**SZ**	R.K. Puram - 1	**D43**	2016 DGHS_82987_23
24	**SZ**	R. K. Puram - ||	**D46**	2016 DGHS_82987_24
25	**SZ**	R. K. Puram - |||	**D50**	2016 DGHS_82987_25
26	**SZ**	R.K. Puram - IV	**D52**	2016 DGHS_82987_26
27	**SZ**	R.K. Puram-V	**D57**	2016 DGHS_82987_27
28	**SZ**	R.K. Puram-VI	**D69**	2016 DGHS_82987_28
29	**SZ**	Sadiq Nagar	**D63**	2016 DGHS_82987_29
30	**SZ**	Faridabad	**D70**	2016 DGHS_82987_30
31	**SZ**	Gurgaon	**D73**	2016 DGHS_82987_31
32	**SZ**	Gurgaon Sector -55	**D92**	2016 DGHS_82987_32
33	**SZ**	**Jangpura**	**D40**	2016 DGHS_82987_33
34	**SZ**	Kasturba Nagar - I	**D24**	2016 DGHS_82987_34
35	**SZ**	Kasturba Nagar - II	**D72**	2016 DGHS_82987_35
36	**SZ**	M. B. Road	**D65**	2016 DGHS_82987_36
37	**SZ**	Moti Bagh	**D16**	2016 DGHS_82987_37
38	**SZ**	Nanakpura	**D29**	2016 DGHS_82987_38
39	**SZ**	Nauroji Nagar	**D30**	2016 DGHS_82987_39
40	**SZ**	Netaji Nagar	**D21**	2016 DGHS_82987_40
41	**SZ**	Sarojini Nagar Market	**D35**	2016 DGHS_82987_41

42	**SZ**	Sarojini Nagar - II	**D14**	2016 DGHS_82987_42
43	**SZ**	Vasant Vihar	**D96**	2016 DGHS_82987_43
44	**SZ**	Sriniwaspuri	**D37**	2016 DGHS_82987_44
45	**SZ**	Sarita Vihar	**D90**	2016 DGHS_82987_45
46	**SZ**	Lajpat Nagar	**D11**	2016 DGHS_82987_46
47	**SZ**	Hauz Khas	**D47**	2016 DGHS_82987_47
48	**SZ**	Laxmibai Nagar	**D15**	2016 DGHS_82987_48
49	**SZ**	Medical Store Depot (MSD)		2016 DGHS_82987_49

ANNEXURE-E

PERFORMANCE SECURITY FOR 49 WELLNESS CENTRES IN DELHI/NCR							
S. NO	**ZONE**	**NAMEOF THE WC**	**WC CODE**	**Avg. of 3 years**	**Performance Security (5% of Avg.)**	**Rounded of Performance Security**	**EMDin Rs.**
1	**CZ**	Chankya Puri	**D23**				**100000/-**
2	**CZ**	North Avenue	**D31**				**100000/**
3	**CZ**	Telegraph Lane	**D34**				**100000/**
4	**CZ**	Dr. Z. H. Road	**D44**				**100000/**
5	**CZ**	Minto Road	**D4**				**100000/**
6	**CZ**	FAP Supreme Court	**D93**				**100000/**
7	**EZ**	Chandni Chowk	**D8**				**100000/**
8	**EZ**	Daryaganj	**D28**				**100000/**
9	**EZ**	Greater Noida	**D22A**				**100000/**
10	**EZ**	Subzi Mandi	**D6**				**100000/**
11	**EZ**	Shahibabad	**D94**				**100000/**
12	**EZ**	Noida Sector82	**D95**				**100000/**
13	**EZ**	Ghaziabad	**D68**				**100000/**
14	**EZ**	Vaishali Indirapuram	**D97**				**100000/**
15	**NZ**	Pusa Road	**D18**				**100000/**
16	**NZ**	Dev Nagar	**D19**				**100000/**
17	**NZ**	New Rajinder Nagar	**D45**				**100000/**
18	**NZ**	RohiniSec.-16	**D89**				**100000/**
19	**NZ**	Jharoda kalan (Najafgarh)	**D33A**				**100000/**
20	**SZ**	Andrews Ganj	**D39**				**100000/**
21	**SZ**	Munirka	**D71**				**100000/**
22	**SZ**	Pushp Vihar	**D78**				**100000/**
23	**SZ**	R.K. Puram - 1	**D43**				**100000/**
24	**SZ**	R. K. Puram - II	**D46**				**100000/**

25	**SZ**	R. K. Puram - III	**D50**				**100000/**
26	**SZ**	R.K. Puram - IV	**D52**				**100000/**
27	**SZ**	R.K. Puram-V	**D57**				**100000/**
28	**SZ**	R.K. Puram-VI	**D69**				**100000/**
29	**SZ**	Sadiq Nagar	**D63**				**100000/**
30	**SZ**	Faridabad	**D70**				**100000/**
31	**SZ**	Gurgaon	**D73**				**100000/**
32	**SZ**	Gurgaon Sector -55	**D92**				**100000/**
33	**SZ**	Jangpura	**D40**				**100000/**
34	**SZ**	Kasturba Nagar - I	**D24**				**100000/**
35	**SZ**	Kasturba Nagar - II	**D72**				**100000/**
36	**SZ**	M. B. Road	**D65**				**100000/**
37	**SZ**	Moti Bagh	**D16**				**100000/**
38	**SZ**	Nanakpura	**D29**				**100000/**
39	**SZ**	Nauroji Nagar	**D30**				**100000/**
40	**SZ**	Netaji Nagar	**D21**				**100000/**
41	**SZ**	Sarojini Nagar Market	**D35**				**100000/**
42	**SZ**	Sarojini Nagar - II	**D14**				**100000/**
43	**SZ**	Vasant Vihar	**D96**				**100000/**
44	**SZ**	Sriniwaspuri	**D37**				**100000/**
45	**SZ**	Sarita Vihar	**D90**				**100000/**
46	**SZ**	Lajpat Nagar	**D11**				**100000/**
47	**SZ**	Hauz Khas	**D47**				**100000/**
48	**SZ**	Laxmibai Nagar	**D15**				**100000/**
49	**SZ**	Medical Store Depot (MSD)					**100000/**

Tele 25683476
Mil:36833

Central Organisation ECHS
Adjutant Generals Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110010

B/49769/AG/ECHS

13 Jul 2022

IHQ of MOD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centers

ADVISORY: AUTHORISED LOCAL CHEMISTS

1. Please refer:

   (a) Govt of India (MOD/ DOESW) letter No 22D(01)/2016/US/WE/D(Res) dated 30 Jun 2022.

   (b) CO ECHS letter No B/49761/AG/ECHS/Medicines Policy dated 06Jul 2022

   (c) CO ECHS letter B/49792/ALC policy/AG/ECHS dated 25 Jul 2019. CO ECHS letter

   (d) B/49762/AG/ECHS Medical Policy dated 07 Jan 2019.

2. Provision for contracting an Authorized Local Chemists (ALC) was introduced to increase the availability of medicines for the ECHS beneficiaries. The medicines which are not available in the ECHS Polyclinics can be demanded from the ALC and issued to the beneficiaries who have been prescribed the same.

3. It has been observed with concern that while on one hand there are numerous complaints about non availability of medicines and on the other the polyclinics are not utilizing the authorised ceiling limits for procurement of NA medicines from ALC. A large amount of funds authorised for ALC remained unutilized and had to be reappropriated to other heads.

4. The monetary ceiling for expenditure of polyclinics has been enhanced by 100%, vide Govt of India (MOD/ DOESW) letter No 22D(01)/2016/US/WE/D(Res) dated 30 Jun 2022 as follows: -

(a) Type A & B Polyclinic	-	Rs 5 Lakh per month.
(b) Type C Polyclinic	-	Rs 3 Lakh per month.
(c) Type D Polyclinic	-	Rs 2 Lakh per month.

5. In order to ensure optimal utilization of ALC funds, an achieve increased satisfaction levels, following measures are suggested : -

(a) The polyclinics will endeavour to demand all NA medicines which are NA and not be selective in demanding the medicines from ALC. The laid down instructions for issue of vitamins and supplements will be adhered to. Every effort should be made to demand maximum medicine from the ALC. NA should only be an exception.

(b) Medicines procured from ALC should be issued to the beneficiaries for one month duration instead of 15 days. For those patients who have to travel long distances, residents of hilly and remote areas, bed ridden patients and patients above 80 years old, medicines for 90 days can also be given through ALC.

(c) Jan Aushadhi Stores are considered deemed empanelled. MoU should be executed with them. Medicines can be purchased from and should be used to the maximum as ALC.

6. If the monetary ceiling limit of a polyclinic for procurement of drugs & consumables from ALC needs to be increased, approval will be accorded by MD ECHS. Stn HQ can approach Dir(P&FC) at CO ECHS for increase in the monetary ceiling for expenditure as per format given in Appx A of B/49792/ALC policy/AG/ECHS dated 25 Jul 2019. The request to increase of ceiling is to be fwd to through email on dirpfcechs mod@nic.in.

7. This has the approval of MD ECHS.

(A C Nishil)
Col
Dir(Med)
For MD ECHS

Copy to: -
MOD/DoESW
CGDA
UTI-ITSL(BPA)
SDCPL - For Info pl

Internal
All Sec - for info
Stats & Automation Sec - for uploading on website

22D(01)/2016/US(WE)/D(Res)
Government of India
Ministry of Defence
Deptt. of Ex-Servicemen Welfare

New Delhi, Dated 30 June, 2022

To,
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

CORRIGENDUM

Subject:- **Modification of procedure for procurement of Drugs and consumables for Ex-Servicemen Contributory Health Scheme (ECHS).**

Sir,

1. With reference to Govt. of India, MOD/DOESW Letter No 24(10)/ 03/US(WE)/ D(Res) dated 25.11.2003 as amended vide MoD/DOESW Letter of even number dated 22.08.2017, I am directed to convey the sanction of the Government for further amendment in Para 23 as mentioned in ibid DoESW letter dated 22.08.2017 as under:

FOR

Para 23 - The monetary ceiling for expenditure are enhanced as follows:

Type A & B Polyclinics	:	Rs. 2.5 Lakh per month
Type C Polyclinics	:	Rs. 1.5 Lakh per month
Type D Polyclinic	:	Rs. 1 Lakh per month

Any expenditure above this limit will be approved by CO, ECHS. The CO, ECHS may re-appropriate the required funds from other polyclinics if required.

READ

Para 23 - The monetary ceiling for expenditure are enhanced as follows:

Type A & B Polyclinics	:	Rs. 5 Lakh per month
Type C Polyclinics	:	Rs. 3 Lakh per month
Type D Polyclinic	:	Rs. 2 Lakh per month

Any expenditure beyond this limit will be approved by MD, ECHS. The CO, ECHS may re-appropriate the required funds from other ECHS polyclinics if required.

2. Rest of other contents of the above referred letters will remain same.

3. This issues with the concurrence of MoD(Fin/Pen) vide their ID No. 10(03)/2016/FIN/Pen, dated 21.06.2022.

Yours faithfully,

(Dr. P P Sharma)
OSD (WE & IC)
Tel.- 23015772

Copy to:

1. CGDA, New Delhi
2. DGADS, New Delhi
3. MD, ECHS
4. DGAFMS
5. PPS to Secy (ESW)
6. JS(ESW)
7. Addl. FA (EL) & JS
8. DFA (Pension)
9. US, D(Med)
10. DoESW website coordinator - for uploading on website.
11. Office file

Copy signed in Ink:

All PCsDA/CsDA

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MOD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/2022

02 Aug 2022

All Regional Centres

UTI (BPA)
Surabhi Arcade, 1st Floor
5-1-664, Bank Street,
Hyderabad-5000001
Tele : 25683476

ADVISORY ON ISSUE OF VITAMINS, MINERALS AND ANTIOXIDANTS TO ECHS BENEFICIARIES WHEN PRESCRIBED AS PRIMARY TREATMENT

1. Please refer CO ECHS letter No B/49761/AG/ECHS dt 16 Sep 2019 (copy att).

2. It is once again reiterated that Vitamins, Minerals and antioxidants as per prevalent PVMS list/CGHS formulary should be demanded, purchased and issued to ECHS beneficiaries when prescribed by the doctors as **PRIMARY TREATMENT**. The same would also be demanded through ALC, in case not available with the polyclinic medical store, if prescribed as **PRIMARY TREATMENT**.

3. In case of non-availability with ALC also, NA certificate to be issued to the ECHS beneficiary by the OIC PC for purchase through open market and claim reimburse subsequently. The Vitamins, Minerals and antixoidants endorsed in NA certificate should be restricted to the prevalent PVMS list/CGHS formulary. This supersedes Para 6 (b) of CO ECHS letter No B/49762/AG/ECHS/Medicines Policy dt 08 Apr 2019.

4. No bills to be rejected by the BPA. On being referred to CFA, it is the prerogative of CFA to accept or reject a claim.

5. All RCs are requested to disseminate the contents of this letter to all PCs under your AOR.

(SK Gupta)
Col
Jt Dir (Med)
For MD ECHS

Encls : As above.

40761/AG/ECHS

Central Organisations, ECHS
Integrated HQ of MOD (Army)
Adjutant General's Branch
Thimayya Marg,
NearGopinath Circle
Delhi Cantt-110010

06 Sep 2019

All Regional Centre

AMA ECHS, Embassy of India, Nepal

ADVISORY ON ISSUE OF VITAMINS, MINERALS AND ANTIOXIDANTS TO ECHS BENEFICIARIES WHEN PRESCRIBED AS PRIMARY TREATMENT

1. Various recommendations have been received from the Veterans regarding non issue of -Vitamins, Minerals and antioxidants to ECHS beneficiaries despite the same being prescribed by a doctor.

2. In this connection please refer to Para 14(b) of 'SoP on Medicine Management in ECHS dt 05 Sep 2017 (Extract enclosed for ready reference) which clearly mentions that Vitamins, Minerals and antioxidant will be restricted to prevalent PVMS list/CGHS formulary.

3. It is once again reiterated that Vitamins, Minerals and antioxidants as per prevalent PVMS list/CGHS formulary should be demanded, purchased and issued to ECHS beneficiaries - when prescribed by the doctors as **PRIMARY TREATMENT**. The same would also be demanded through ALC in case not available with the polyclinic medical store il prescribed as **PRIMARY TREATMENT**.

4. In case of non availability with ALC also, NA certificate to be issued to the ECHS beneficiary by the OIC PC for purchase through open market and claim reimbursement subsequently. The Vitamins. Minerals and antioxidants endorsed in NA certificate should be restricted to the prevalent PVMS list/CGHS formulary. This, supersedes Para cc) of the CO ECHS letter No B/49762/AG/ECHS/Medicines Policy dt 08 Apr 2015

5. It is requested to disseminate the letter to all PC's for strict adherence.

(Anupam N Adhaulia)
Dir (Med)
For MD ECHS

Copy to:
MOD (DOESW) - Please refer to COECHS letter to B/49762/AG/ECHS/Medic Policy dt 08 Apr 2019 Para 6(c) Copy enclosed)

Tele: 25683476
ASCON: 36833

Central Organisations, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49761/AG/ECHS/2022

22 Aug 2022

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal

IMPLEMENTATION INSTRS: PROCEDURE FOR AUTHORISED LOCAL CHEMIST

1. Please refer the following (copies at)

   (a) Central Org ECHS Letter No B/49762/AG/ECHS/Medical Policy dt 29 Aug 2017.

   (b) Central Org ECHS letter No B/49762/AG/ECHS/Medical Policy dt 13 Dec 2017.

2. It has been observed that Para 10 of Section-II (Conditions of Contract) are not followed by ECHS Cell, Stn HQs given in letter referred to at Para 1 (a) above. Para 10 of Section-II at Para 1 (a) above gives the Conditions of contract as given below:-

   (a) Deductions for Delay/Default.

   (i) In case of indent for specific brand of medicines, the same shall not be substituted. If any such case is noticed during subsequent scrutiny after or before the payment, then supplier will be penalized Rs 1000/- along with the cost of the specific brand of medicines for each such default.

   (ii) The indent drugs shall be supplied in full on the working day by 9.00 a.m. or at the opening hours of ECHS Polyclinic, at the premises of the ECHs Polyclinic. In case of emergency, the indented drugs shall be delivered at the residence of the patients as directed by OIC of the ECHS Polyclinic. In the event of non-supply of indent medicines in time as aforesaid, Rs 500/- will be deducted from the bill of the Chemists for each day or part thereof of delay in respect of each brand.

3 It is reiterated that Section-|I Enclosure (Conditions of Contract) of tender format given as 2 of ibid policy letter given at Para 1 (a) above has to be adhered to while the contract with finalising selected Authorised Local Chemist (ALC).

2 You are requested to circulate this letter to all Stn HQs and PCs under your AOR.

(Panchal Kalpeshkumar S)
Lt Col
Jt Dir (Med & Eqpt)
for Dir (Med)

Encls: As above.

Copy to :-

All Regional Centers

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-110010

B/49762/AG/ECHS/Medicine Policy

29 Aug 17

HQ of MoD (Navy)/Dir ECHS (N) Air
HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command(A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centers

IMPLEMENTATION INSTRS: PROCEDURE FOR AUTHORISED LOCAL CHEMIST

1. Refer :-
   (a) GOI/MoD letter No 220(01)/2016/ WE/D(Res-1) dated 22Aug 17 (copy alt as Encl 1).
   (b) GOI letter No 24(3)/03/US(WE)/O(Res)(i) dated 08 Sep 03 amended vide 25(01)/2014/US(WE)/O(Res) dated 04 Aug 14.

2. In all stations with ECHS polyclinics, local medical stores/ chemists will be empanelled for supply of Not Available, emergent, life saving and essential drugs on as required basis. The empanelment of local medical stores/chemists will be done by a Board of Officers constituted by the Station Commander which will comprise the following :-

- Chairman- SO ECHS/Col Rank officer detailed by Station Commander.
- Lt Col(Non Medical) detailed by Station Commander.
- JI Dir Hospital Services of Regional Centre concerned/
- Medical Officer detailed by Station Commander.
- Repot LAO/ CDA 3.
-

3. **Actions by the Board**.

(a) The Board of Officers will invite Tenders through advertisement in the local press and e-procurement portal from local medical stores/chemists for empanelment with ECHS Polyclinic. The tender enquiry will be based on same format as CGHS tender for Authorised Local Chemist with conditions suitably modified to suit local military requirements {CGHS tender format at as Encl 2).

(b) The Board will check the Technical parameters as per Tender Enquiry and will consider the price bids of only the technically qualified vendors The Board will arrive at L1Vendor based on maximum overall amount of discount on MRP for all the drugs to be supplied with a minimum QR of 15%. Bids offering less than 15% overall Discount will be rejected. The tenderers will quote an overall discount figure irrespective of the quantity or number of individual drugs.

(c) The Board will consider parallel rate contract with L2 and L3 vendors and include their names in recommendation if those vendors agree to the L1rates in writing.

(d) The Board of Officers will submit a recommended list of local medical stores/chemists to the Station Commander for approval.

4. **Actions by Station Cdrs**

(a) Constitute a Board of Officers for empanelment of local medical stores of chemists including CGHS authorised chemists. Due care is to be exercised in choice of Medical officer to avoid any conflict of interest. MOs/Spl posted to MH of SEMO concerned to be avoided and MO/ RMO of non medical units may preferably be detailed as JDHS of RC may be occupied in similar bds for other stns under AOR.

(b) Approval of recommended list of local medical stores of chemists submitted by the Board of Officers.

(c) AU CGHS Authorised Chemists in the same city will be considered as deemed empanelled i.e need not participate in TE if the rates planned to be quoted are same as given for CGHS. They will give their contract discount documents for CGHS to the board, but will sign the contract with Stn Cdr provided the discount offered by them to CGHS is not less than that offered by L1vendor of the TE. They have option to participate in the empanelment process and offer fresh quotes discount sat the TE Stage.

(d) The Contract will be signed with the approved local medical stores of chemists by Stn HQrs for a period of two years. The terms and conditions of Contract will be based on CGHS formats.

(e) The Officer in charge Polyclinic will after due verification authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQrs.

(f) Stn Cdr will process the same for releasing payment with sanction of appropriate CFA.

(g) **Payment**: The payments on account of procurement of drugs and consumables from empanelled local chemists will be made from the cash assignments placed at the disposal of Station Commanders under Major Head 2076 Minor Head 107 Head 363/01. The payments will be effected by cheque/ electronic payment.

(h) Delegated financial powers as per Para 1 of Appendix to GOI letter No 24(3)/03/US(WE)/D(Res)(i) dated 08 Sep 03 amended vide 25(01)12014/US(WE)/D(Res) dated 04 Aug 14 will be exercised by CFA

The delegated powers are enumerated in table below:

CFA (Station Commander)	Financial Limit (without consultation)	Fin Limits with IFA consultation
Lt Coll Col	Upto 1,00,000	-
Brig	Upto 2,00,000	-
Maj Gen (Sub Area Commander/ COS Area HQ)	Upto 3,00,000	-
Dy MD ECHS	-	Upto 5,00,000
MD ECHS	-	Upto 10,00,000
JS ESW	-	Upto 25,00,000
Secy ESW	-	Above 25,00,000

(j) The monetary ceilings for expenditure irrespective of their Military or Non Military status are as follows:-

Type A & B Polyclinic : Rs 2.5 Lakh per month
Type C Polyclinic : Rs 1.5 Lakh per month
Type D Polyclinic : Rs 01 Lakh per month

Prior approval of MD ECHS will be required for any expenditure above this limit.

(k) The expenditure on account of local purchase of drugs and consumables from empanelled local medical stores/chemists will be monitored separately under the relevant revenue head.

(l) The records of polyclinic will be checked by a Boards of Officers detailed by the Station Commander.

Actions by Polyclinic :When an emergent/life saving/essential drug prescribed by the Medical Officer in the ECHS Polyclinic is not available as confirmed from the stock ……and requirement of the same is essential for a patient following procedure will be following :-

(a) The Officer in charge Polyclinic will raise a demand to the empanelled local medical store/chemist. The demand will be supported by prescription(s) signed by the Medical Officer managing the case

(b) On receipt of the demand the empanelled local medical store/chemist will supply the required drug to the Polyclinic within 24 hrs.

(c) The Bills for the drugs supplied will be forwarded by the empanelled local medical store/chemists monthly to the Officer in charge Polyclinic along with a copy of the demand raised by the Polyclinic.

(d) The Officer in charge Polyclinic will, after due verification, authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQs.

(e) The Officer in charge Polyclinic will also certify on the consolidated bill that drugs demanded are emergent/life saving/essential drugs and are Not Available in the polyclinic medical stores neither a substitute/ equivalent drug was available.

(f) Stn Cdr will process the same for releasing payment with sanction of appropriate CFA

(g) The list of drugs and consumables indented from local chemists along with quantity indented will be included in the next Emergent/ Normal polyclinic indent to SEMO.

(h) Monthly list of such drugs will be forwarded to SEMO for initiating procurement action by SEMO while forwarding the next demand.

j) The Polyclinics will maintain a separate account for all purchases of this nature. All daily transactions will be maintained and particulars of patients who are issued the essential medicines will be recorded. The records will be checked by a Boards of Officers detailed by the Station Commander, and will be audited by Local Audit Officer (LAO) every quarter.

Funds required will be placed at the disposal of Station Commanders by Central Organisation ECHS. Due control shall be exercised by MOs/ Spl/ O/C Polyclinics and Stn Cdrs to ensure that the monthly limit is available to maximum patients and is not exhausted in procuring medicines for a few patients. Existing provisions for reimbursement of costlier medicines for the diseases specified in Para 6 of GOI/MoD letter No 24(8)/03/US(WE)/D(Res) dt 19 Dec 03 for a period of 23/30 days may also be explored to benefit maximum number of veterans.

7. **Special Instructions to MOs/Spls of Polyclinics and Empanelled Hospitals.**

(a) The demand for NA medicines will be supported by prescription signed by the Medical Officer/ Spl of ECHS polyclinic managing the case. In all such cases. the Medical Officer I Spl will ensure that there are no other substitutes available in the Polyclinic medical store in lieu of the drug required. Branded drug will be prescribed with due medical justification only. Demands will not be signed by Para Medical/Dental Staff under only circumstances.

(b) As specified in MCI Ethics Rules, pharmacy of a polyclinic is not an open pharmacy but is meant as self dispensing of medicines prescribed by Medical Officers/ Doctors of polyclinic only. All other prescriptions issued by other consultants shall be rewritten by polyclinic doctor keeping in mind availability. patient's condition and other drugs prescribed.

(c) Prescription of branded medicine by empanelled hospitals will have to be justified by treating Doctor and should be avoided as per National Policy. The AFV should also not insist on particular brand name of medicine if an equivalent is available in Polyclinic or supplied by Empanelled Local Chemists.

(IVS Gahlot)
Col
Dir (Med)
For MD ECHS

Encl: As above.

Copy to:

US(WE)

PS to JS ESW

PPS to Secy (ESW)

CGDA, New Delhi - for dissemination to all concerned CDAs/PCDAs.

UTI-ITS

1533/1, Above Farica Show Room - for info and necessary action pl.

1st Floor, Old Madras Road
Halasuru, Bangalore,
Kamataka-560008

Internal

Ops & Coord, P&FC, Claim Sec - for info.

Stats & Automation Sec - for uploading in ECHS Website.

No22D(01)/2016/WE/D(Res-1)
Government of India
Ministry of Defence

New Delhi the 22nd August. 2017

Sir,

There have representations from the veterans regarding supply of medicines. DGAFS has undertaken a series of modifications to procedures of procurement of medicines for ECHS beneficiaries. Meetings have been held with all the stakeholders and 1ith due deliberations it has been decided to adopt a procedure in line with Authorised Local Chemist model of CGHS for procurement of medicines through the Empanelled local chemists

2. With reference to Govt of India, Ministry of Defence letter No 24(10)/ 03/US(WE)/ D(Res) dated 25th November, 2003, I am directed to convey the sanction of the Government on the Modification of Paras 17 to 25 and addition of Para 26 regarding Local Purchase of Emergent. Life saving and Essential and Not Available drugs for ECHS as under :-

For

Para 17 to 25 : Existing

Read

17. In all stations with ECHS polyclinics, local medical stores/ chemists will be empanelled for supply of Not Available, emergent, life saving and essential drugs on are required basis.

18. The empanelment of local medical stores/chemists will be done by a Board of Officers constituted by the Station Commander which will comprise:-

Chairman – SO ECHS/Col Rank officer detailed by Station Commander.

Members - Lt Col (Non Medical) detailed by Station Commander

- Jt Dir Hospital Services of Regional Centre concerned/ Medical Officer detailed by Station Commander

- Rep of IFA/PCDA/CDA

19. The Board of Officers will invite Tenders through advertisement in the local Press and e-procurement portal from local medical stores/chemists for empanelment with ECHS Polyclinic. The Board will check the Technical parameters as per Tender

Enquiry The Board will arrive at L1 Vendor based on maximum overall amount of discount on MRP for all the drugs to be supplied with a minimum OH of 15%. The tenderers will quote an overall discount figure irrespective of the quantity of the quantity or number of individual drugs. The Board will consider parallel rate contract with L2 and L3 vendors and include their names in recommendation if those vendors agree to the L1 rates. The Board of Officers will submit a recommended list of local medical stores/chemists to the Station Commander for approval. The Contract will be signed with the approved local medical stores/ chemists by Stn HQs for a period of two years. The detailed terms and conditions, formats of Tender Enquiry and Contract will be based on CGHS TE and contract of Authorised Local Chemists. All CGHS Authorised Chemists in the same city will be deemed empanelled i.e. need not participate in TE but sign the contract with Stn Cdr.

20. When an drug prescribed by the Medical Officer in the ECHS Polyclinic is 'not available' as confirmed from the stock in the medical store of polyclinic, the Officer in charge Polyclinic will raise a demand to the empanelled local medical store/chemist. The demand will be supported by prescription signed by the Medical Officer managing the case. In all such cases, the Medical Officer will ensure that there are no other substitutes available in the Polyclinic medical store in lieu of the drug required. Branded drug will be prescribed with due medical justification only. On receipt of the demand the empanelled local medical store chemist will supply the required drug to the Polyclinic. The indents will be preferably raised online to the empanelled local chemists and time lines as per CGHS contracts will be followed.

21. The Bills for the drugs supplied will be forwarded by the empanelled local medical store/chemists monthly to the Officer in charge Polyclinic along with a copy of the demand raised by the Polyclinic. The Officer in charge Polyclinic will after due verification authenticate the receipt of drugs/consumables and forward the consolidated bills by the 5th of the following month to the Stn HQrs who will process the same for releasing payment with sanction of Station Commander/ appropriate CFA.

22. The payments on account of procurement of drugs and consumables from empanelled local chemists will be made from the cash assignment placed at the disposal of Station Commanders and in exercise of delegated financial powers vide para_ 1 of Appendix to GOl letter No 24(3)/03/US(WE)/D(Res)(i) dated 08 Sep 03 relating to payments and reimbursements for medical expenses. Funds required will be placed at the disposal of Station Commanders by Central Org ECHS. The payments will be effected be cheque /electronic payment.

23. The monetary ceiling for expenditure are enhanced as follows :

Type A & B Polyclinics	:	Rs 2.5 lakh per month
Type C Polyclinic	:	Rs 1.5 lakh per month
Type D Polyclinic	:	Rs 1 lakh per month

Any expenditure above this limit will be. approved by CO ECHS. The CO ECHS may re- appropriate the required funds from other polyclinics if required.

24 The list of drugs and consumables indented from local chemists along with quantity indented will be included in the polyclinic indent to SEMO when due

Monthly list of such drugs will be forwarded to SEMO for initiating procurement action by SEMO. As specified in MCI Ethics Rules, pharmacy of a polyclinic is not an open pharmacy but is meant as self dispensing of medicines prescribed by Medical Officers/ Doctors of polyclinic only. All other consultants shall be rewritten by polyclinic doctor keeping in mind availability patient's c condition and other drugs prescribed

25 The expenditure on account of local of purchase of drugs and consumables from empanelled local medical stores / chemists will be monitored separate under the relevant revenue head.

26. The Polyclinics will maintain a separate account for all purchase of this nature. All daily transaction will be maintained and particulars of patients who are issued the essential medicines will be recorded. The records will be checked by a Board or Officers detailed by the Station Commander, and will be audited by Local Audit Officer (LAO) every quarter

4. Rest of the letter no change. The. Modification will be effective from the date of ·issue_ of instructions by CO ECHS.

5. 'Not Available' drugs mentioned in para 15 pertain to stock position in Service Hospitals and will not be applicable. To 'Not Available' drugs in Para 17 and para 20as it pertains to state at Polyclinics.

6. This issues with the concurrence of Ministry of Defence (Finance) vide their U.O. 10(3)/2016/FIN/Pendated3.8.17

Yours faithfully

(A K Karn)
Under Secretary to the Govt. Of India

Copy to :

1. CGDA, New Delhi
2. DGADS, New Delhi
3. SO to Defence Secretary/PPS to Secretary, ESW
4. PPS to Secretary(Defence/Finance)
5. PPS to AS(Acquisition)
6. PPS to AS (T) I PPS to AS (I)
7. Addl FA (RK) & JS
8. JS (ESW)/ JS (O/N)
9. Dir (Finance/AG)
10. Defence (Finance/AG/PD)
11. DFA (B)/DFA (N)/DFA (Air Force)
12. AFA (B-1)
13. D(Works)/ D(Mov) / D (Med)
14. O&M Unit

15. DGAFMS
16. DGDE, New Delhi
17. DGD C&W
18. QMG
19. DGMS
20. DGMS(Air)
21. DGM(Navy)
22. AOA
23. COP
24. MD Central Org ECHS
25. ADG C&W
26. DG (Works), E-in-C Branch
27. ADG (FP)
28. All Command Headquarters
29. AG Branch/CW-3
30. Navy Headquarters(PS Dte)
31. Air Headquarters (PS & R)
32. CGHS Nirman Bhawan, : For issuing suitable instructions to ALC

Copies signed in ink :-

33. PCDA(Army),Bangalore
34. PCDA (WC),Chandigarh
35. CDA (Army), Patna
36. PCDA (SC), Pune
37. CDA (Arm). Meerut
38. PCDA (NC), Jammu
39. PCDA(Officer), Pune
40. PCDA (Navy), Bombay
41. PCDA (AF), Dehradun
42. GDA (Army), Jabalpur
43. GDA (Army), Secunderabad
44. PCDA(Army), Lucknow
45. CDA (Army), Chennai
46. CDA(Army), Kolkata
47. CDA (AF), Delhi
48. CDA (Army),Guwahati

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF CENTRAL GOVERNMENT HEALTH SCHEME E-TENDER NOTICE

Open Tender Notice No. F. No. 55-05/2015-16/CGHS/MSD/ALC,
Tender No.5J/20JS-J6
EMPANELMENTOF CHEMISTS FOR 49 CGHS WELLNESS CENTRES IN DELHI/NCR FOR THE PERIOD 2016-17

Applications are invited from reputed Local Chemists in 49 CGHS Wellness Center in Delhi/NCR for empanelment for supply of medicine to the Central Government Health Scheme, Ministry of Health & family Welfare, Government of India. Bidders are advised to refer the tender published against each Wellness Centre that is provided at Annexure-Bidders are advised to participate online at 'http://eprocure.gov.in/wprocure/app' corresponding to the tender of Wellness Centers where interested. The e-tender for each of the 49 CGHS Wellness Centers will be a separate tender. The bidder will have to upload required documents & Bids for each of the Wellness Centers separately for which s/he wishes to apply.

The tender notice can be downloaded from the Website https://.eprocurement.gov.in/eprocure/app or http;//msotransparent.nic.in/cghsnew/index.asp of the Ministry of Health and Family Welfare.

Eligibility Criteria :-

The chemist must hold valid licenses as on the date of submission of Bid (continuously, for last two years 2014-15 & 2015-16) in specified forms (Form 20, 20-B, 21, 21-B and 21-C) issued by the Drug Control Authority of the State under the provisions of Drugs and Cosmetics Act, 1940.The successful Bidder will further ensure that their licenses remain valid on the date or bid opening and till the end of the contract period.

The chemist must not have been convicted by the late drugs authorities and no case should be pending under the Drugs and Cosmetics Act and Rules.

The Annual Turnover of the bidder (from CGHS & sources other than CGHS) in the previous two financial years should not be less than Rs. Sixty Lakh. The bidder has to submit an Audited Balance Sheet with Profit and Loss statement of the previous two years (2013-14 &. 2014-15) in support thereof. The turnover from outside CGHS should not be less than Rs. Thirty Lakh in each of these two financial years 2012-13 & 2013-14.

The chemist shop should be situated within the CGHS covered area of the Zone.

Latest VAT paid Challan with no dues (VAT clearance)should be available with the bidder.

A copy of PAN allotted to the firm/owner.

Enquiries will be entertained before & In the pre-bid conference only. Clarification, if any, will be issued in respect of those clauses only where changes are made, online athttps://eprocure.gov.in/eprocure/app'. No individual correspondence will be made/ entertained.

Addl. Director, CGHS(HQ)

GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
DIRECTORATE GENERAL OF CENTRAL GOVERNMENT HEALTH SCHEME
Open Tender Notice No. F. No.55-05/2015-16/CGHS/MSD/ALC
E-TENDER DOCUMENT
FOR
EMPANELMET OF AUTHORIZED LOCAL CHEMISTS (ALCs) FOR 49 CGHS WELLNESS CENTERS IN DELHI/NCR FOR THE PERIOD 2016-17

The Central Government Health Scheme (CGHS) is providing comprehensive medical care facilities to the Central Government employees and pensioners and certain other categories of persons covered under the Scheme. As part of this Scheme, the beneficiaries are entitled to medical consultation and supply of medicines and drugs from the CGHS Wellness Centers. CGHS aspires to ensure timely' supply of medicines/drugs to its beneficiaries. With this objective. The Additional Director CGHS (HQ), Central Government Health Scheme, Delhi for and on behalf of the President of India, Invites tenders from the eligible local chemists for supply of medicines/drugs to the CGHS Wellness Centers in Delhi/NCR through e tender. The list of the Wellness Centers is at Annexure-D.

Scope of Work	EMPANELMENT OF AUTHORISED LOCAL CHEMISTS (ALCs) FOR 49 CGHSWELLNESSCENTRESIN DELHI/NCR
EMD:-	To be submitted Rs.100000/- (Rs. One Lakh only)for each Wellness Centre, in the form of DD/Pay Order

Interested parties may view and download the tender document containing the detailed terms & conditions, free of cost from the website

http://eprocu re.gov.in/eprocure/app

CRITICAL DATE SHEET

Tender No. and File No.	51 and 55 05 /2015-16/CGHS/MSD/ALC
Name of Organization	CENTRAL GOVT HEALTH SCHEME
Date of Issue/Publishing	12/04/2016 (17.00 Hrs)
Document Download Start Date	13/04/2016 (11.00 Hrs)
Clarification Start Date	13/04/2016(14.00 Hrs)
Date for Pre-Bid Conference	19/04/2016 (15.00 Hrs)
Clarification End Date	19/04/2016 (17.00 Hrs)
Venue of Pre-Bid Conference	Office of the Additional Director CGHS, (Medical Store Depot), Udyan Marg, Gole Market, New Delhi-110001
Bid Submission start date	20/04/2016 (10.00Hrs)
Last Date and Time for Uploading of Bids	05/05/2016 (17.30 Hrs)
Date and Time of Opening of Technical Bids	06/05/2016 (11.00 Hrs)
Address for Communication	Office of the Additional Director CGHS, Medical Store Depot, OIZ Area, Sec.-11, Udyan Marg, Gole Market, New Delhi 110001. Website: http://eprocure.gov.in/eprocure/app

INSTRUCTIONS TO THE BIDDERS

Instructions for Online Bid Submission;

As per the directives of Department of Expenditure, this tender document has been published on the Central Public Procurement Portal (URL:https;//eprocure.gov.in/eprocure/app).The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids In accordance with the requirements and submitting their bids online on the CPP Portal. More Information useful for submitting online bids on the CPP Portal may be obtained at; https://eprocure.gov.n/eprocure/app

REGISTRATION

1) Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal(URL: https://eprocure.gov.in/eprocure/app by clicking on the link **"Online Bidder Enrollment"**. Enrolment on the CPP Portal is free of charge.

2) As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.

3) Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.

4) Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class II or Class III Certificates with signing key usage) Issued by any Certifying Authority recognized by CCA India (e.g. Sify / TCS / nCode / eMudhra etc.) with their profile.

5) Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSCs to others which may lead to misuse.

6) Bidder then logs in to the site through the secured log-in by entering their user ID/ password and the password of the DSC / eToken.

SEARCHINGFOR TENDER DOCUMENTS

1) There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, organization name, location, date, value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as organisation name, form of contract, location, date, other keywords etc. to search for a tender published on the CPP Portal.

2) Once the bidders have selected the tenders they are interested in, they may download the required documents/ tender schedules. These tenders can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS/e-mail in case there is any corrigendum issued to the tender document.

3) The bidder should make a note of the unique Tender ID assigned to each tender, n case they want to obtain any clarification / help from the Helpdesk.

PREPARATION OF BIDS

1) Bidder should take Into account any corrigendum published on the tender document before submitting their bids.

2) Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents –including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.

3) Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document / schedule and generally, they can be in PDF/ XLS / RAR I DWF formats. Bid documents may be scanned with 100dpt with black and white option.

4) To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use "M y Space" area available to them to upload such documents. These documents may be directly submitted from the "My Space• area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.

SUBMISSION OF BIDS

1) Bidder should log into the site well in advance for bid submission so that he/she upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.

2) The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document.

3) Bidder has to select the payment option as "offline to pay the tender fee / EMO as applicable and enter details of the instrument.

4) The bidder shall seal the original Bank Draft/Pay order /Bank Guarantee as per Annexure EMD in an envelope. The Bidder shall mark its name and tender reference number on the back of the Bank Draft/ pay order before sealing the same. The address of NIC, name and address of the bidder and the Tender Reference Number shall be marked on the envelope. The envelope shall be marked with a Sentence “NOT TO BE OPENED BEFORE the Date and Time of Bid Opening”. If the envelope is not marked as specified above, NIC will not assume any responsibility for its misplacement, pre-mature opening etc.
In case EMD is sent through Speed Post and it must reach < Tender Inviting Authority> as per date and time mentioned above In the name of <Tender Inviting Authority>.
EMD not meeting above deadlines will not be accepted and their uploaded bid will be rejected.

5) A standard BoQ format has been provided with the tender document to be filled by all the bidders. Bidders are requested to note that they should necessarily submit their financial bid in the format

provided and no other format is acceptable. Bidders are required to download the BoQ file, open it and complete the white coloured (unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without chan5ing the file name. if the BoQ file Is found to be modified by the bidder, the bid will be rejected.

6) The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.

7) All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by un-authorised persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128 bit encrypt on technology. Data storage encryption of sensitive fields is done.

8) The uploaded tender documents become readable only after the tender opening by the authorized bid openers.

9) Upon the successful and timely submission of bids, the portal will give a successful bid submission message& a bid summary will be displayed with the bid no and the date & time of submission of tile bid with all other relevant details.

10) The bid summary has to be printed and kept as an 3cknowledgement of the submission of the bid. This acknowledgement may be used as an entry pa.ss for any bid opening meetings.

ASSISTANCETO BIDDERS

1) Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the for a tender or the relevant contact person indicated in the tender.

2)Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk. The contact number for the helpdesk is 1800-3070-2232.

SECTION- I

1. SCOPE OF WORK

2. ELIGIBILITY

2.1 The chemist shop should be in existence continuously for at least last two years. (copy of licenses held for last two years have to be scanned and uploaded on the-tender module).

2.2 The chemist shop should be situated within the CGHS covered area of the Zone.

2.3 The Annual Turnover of the bidder should not be less than Rupees Sixty Lakhs. At least Thirty Lakhs of the turnover in each of the last two years should be from outside CGHS. The bidder has to submit an Audited Balance Sheet with Profit and Loss statement and Balance sheet of the previous two years in support thereof.

2.4 The chemist must hold a valid license continuously for last two years 2014-15& 2015-16issued by Drug Controller Authority or the State for running the chemist shop namely Form 20,20-8, 21, 21.B & 21- C, under the Provisions of. Drugs and Cosmetics Act 1940 and subsequent amendments as on the date of submission of Bid and also on the date of Bid opening. The successful Bidder will further ensure that their licenses remain valid till the end of the contract period. (All the relevant documents have to be scanned and uploaded onto the e-procurement module while submitting the tender).

2.5 The chemist must not have been convicted by the State drugs authorities and no case should be pending under the Drugs and Cosmetics Act and Rules against him and he should submit 'Non-Conviction Certificate' from the State Drug Controller.

2.6 A copy of the latest VAT deposit Challan with no dues should be available. A copy or the same to be scanned and uploaded with the Bid Documents.

2.7 All documents should be submitted online only.

3. COST OF BIDDING

Prospective bidder Chemist shall bear all the cos s associated with the prepare at on and submission of the e bid. CGHS in no case will be responsible or liable for these costs regardless of conduct or outcome of the Tender process.

4. PRE BID MEETING

4.1 A pre-bid meeting open to all prospective bidders will be held as per CRITICAL DATESHEET in the office of the Additional Director CGHS, Medical Store Depot, Delhi wherein the prospective bidders will have an opportunity to obtain further information and clarifications regarding work and the tender terms & conditions.

4.2 The prospective bidders are free to ask for any additional information H11d seek clarifications concerning the work either in writing or orally. The clarifications given shall be common and applicable to all. No individual correspondence shall be entertained by CGHS thereafter with the prospective bidders/their representatives.

Availability of Tender

The tender document Is available at CPPP e procurement site i.e.

http:/ /eprocure.gov.in/eprocure/app

Prospective bidders desirous of participating in this tender may view and download the tender document free of cost from the above mentioned website.

5. BIDDING PROCEDURE, SIGNING ANDSUBMITTING OF BIDS

5.1 The bidder must submit his e-bid in two parts as mentioned below:

Part1:-Called “Technical Bid" containing:-

(A) Earnest Money:-

The bidders are required to submit an EMO of Rs.1,00,000/·(Rupees One Lakh only) separately for each Wellness Centre through a Demand Draft payable in the name of "Pay and Accounts Officer, CGHS, New Rajinder, New Delhi" as Earnest Money. The bidders can apply to bid for any number of Wellness Centers & one EMD per WC will be required per bidder. The demand draft must be issued by a Scheduled Bank.EMO as Demand Draft in Original should be sent to the O/o Additional Director CGHS, Delhi, to be deposited by hand well before the last date and time of bid submission. The Bid of those Bidders will not be opened where the EMD is notification received physically as stated above.

(B) Documents establishing Bidders eligibility (Technical Bid):

The following documents should first be sell attested by the authorized signatory of the bidder and then should be scanned and uploaded while submitting the E·tender as mentioned below.

a) Scanned copy of EMO/ Demand Draft for Rs. ,1,00,000/-(Rupees one Lac only) separately for each Wellness Center. The Bidder will also upload ECS Mandate Form with details of bank address, Account No. etc & a copy of the cancelled Cheque for refund of EMDs.

b) Duly attested copy each of the valid Drug Licenses for the last two financial years 2013 14 & 2014-15 and each of valid license held by the bidder as on the date of submission of Bid in specified forms (Form 20,20-8,21,21 8 and 21..C)issued by the Drug Control Authority of the StateundertheprovisionsofDrugsandCosmeticsAct,1940.Thesuccessful Bidderswillensure that their licenses remain valid on the date of bid opening and till the end of the contract period.

c) Scanned copy of Declaration of bidder as per Annexure-C duly signed.

d) Copy of the relevant deeds e.g. Proprietorship/ Partnership Deed or as per clause 5.02 (b)i,II,III, of the tender document.

e) Photocopy of latest VAT Deposit Challan with no dues.

f) Non convict on certificate from State Drugs Controller.

g) Scanned copies of the audited balance sheets for the last two financial years 2012 13& 2013 14 to establish the turnover of the bidder.

h) Proof of purchase of bar code scanning and labeling facility including bar code reader and label maker by the bidder.

i) Scanned copy of PAN Card of Proprietor or the firm as the case may be & ITRs for the last two financial years 2012-13 & 2013-14.

j) An undertaking on the letter head of the Firm/Company to the effect that "The Bidder has gone through all the Terms & Conditions of the Tender document & the same are acceptable to the Tenderer". Scanned copy of the undertaking to be signed by the authorized signatory.

k) Copy of affidavit stating that the contract of the bidder, if empanelled earlier was not terminated by CGHS in the preceding three years.

All pages should be numbered in the same order as above and the check list for above document showing page no. should be uploaded along with the documents.

Part 2:- Called "Commercial Bid" which shall contain:·

(A) Main Price Bid to be uploaded in (.xls Form) as provided in the tender.

NB: Bids quoting less than 15% discount on MRP (inclusive of all taxes) shall not be considered.
5.2 (a) The Bid is liable to be rejected, if the requisite information/ documents have not been furnished as asked for in Clause-5.01(B).

(b). Individual signing the Bid and other documents must specify whether s/he signs as:

i. A sole proprietor of the firm, or constituted attorney of sole proprietor.

II. A partner of the firm, if it Is a partnership firm and In this case he

must have a clear legal authority to sign, answer and admit to refer disputes to arbitration.
iii. Constituted Attorney/ Authorised Signatory if it is a company.

Note :-

1. In case of (ii) above a copy of the Partnership Deed, General Power of Attorney, duly attested by a notary public and an affidavit to the effect that all the partners admit execution of the partnership and the General Power of Attorney be uploaded.

2. In case of partnership firm, where no authority to refer disputes concerning the business or the partnership has been conferred on any such partner, the Bid and all other related documents must be signed by every partner of the firm.

A person signing the Bid form or any documents forming part of the bid on behalf of another, shall be deemed under warranty that he has authority to bind with his acts such other person. If on enquiry, it appears that the person so signing has no authority to do so, CGHS, without prejudice to other Civil and Criminal remedies can cancel the contract and hold the signatory responsible for all costs and conveyances arising there from.

5.3 PERIODOFVALIDITYOFBIDS

The Bids shall be valid for acceptance for 90 days after the dale of bid opening prescribed by the CGHS and shall be further extendable by another 30days at the request of CGHS.

5.4 PERIOD OF CONTRACT

The contract shall initially be for a period of one year from the date of the signing of contract. However, the contract is extendable for another year on the same terms & conditions of contract, strictly on the basis of satisfaction performance, at the sole discretion of Additional Director CGHS (Medical Store Depot), Delhi.

5.5 RIGHT TO ACCEPT/REJECT ANY Blp

The Additional Director CGHS (HQ), Delhi reserves the right to accept or reject any bid, and to annul the bidding process and reject all bids at any time without thereby incurring any llabillty_-1-----... to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the CGHS' action.

The Additional Director CGHS (HQ),Delhi doesn't pledge himself to accept the highest discount offering Bid or any Bid and reserves to himself the right of accepting the whole or any part of e Bid and Bidder shall supply the medicines at the rates quoted.

5.06 PERFORMANCESECURITYGUARANTEE

The successful bidder will have to furnish a Performance Security for an amount equivalent to 5%·of the expected business (in respect of each Wellness Centre to be allotted to him In the form of either a Bank Guarantee, valid for 6 months beyond the term of the contract, Issued by a scheduled bank as per format at Annexure -Aor a Demand Ora issued by 3ScheduledBank. If by Demand Draft, It should be favoring "Pay and Account Officer, CGHS, New Delhi";and, if in the form of a bank guarantee, favoring "Additional Director CGHS (Medical Store Depot), Delhi". No claim shall be made against Government of India I Additional Director CGHS (HQ/MSD),Delhi in respect of interest accrued, If any, due on the Performance Security deposit. In case of exten s i on of contract for another year the Perfer' licance Guarant^{6}ee^{2} ^{3}should be renewed to ensure that it remains valid up to six months beyond the validity of the extended contract

period. Bidder should ensure val dity of Performance Security for extended period.

5.7 CORRUPTORFRAUDULENTPRACTICES

(I). CGHS requires that the Bidders observe the highest standards of ethics and conduct during the tender process and afterwards during the execution of such contract.
(II) In pursuance of this policy, the terms and conditions are >et forth as follows:

a) corrupt practice• means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official in the tender processor in the process of execution of contract; and

b) "Fraudulent practice means misrepresentation or concealment of any material facts in order to influence the tender process or execution of a contract to the detriment of CGHS, and includes collusive practice among Bidder (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive CGHS of the benefits of free and fair competition;

(III) CGHS will reject a proposal for award of contract, if it determines that the bidder recommended for award has engaged himself in corrupt or fraudulent practices while competing for the contr &)ct in question;

(IV) CGHS will declare a firm Ineligible, either indefinitely or for a specified period of time, for award of the contract if at any time it determines that the firm was engaged Incorrupt and fraudulent practices while competing for. or in executing the contract.

(v) Any concealment of fact like blacklisting or non-performance in earlier contract will make the Bid inadmissible.

5.8 FORFEITURE

The Earnest Money may be forfeited if a Bidder withdraws its tender during the period of bid validity or in case of a successful Bidder, if the Bidder fails:

i. To sign the contract In accordance with the terms and conditions, and

ii. To furnish Performance Security as specified in the terms and conditions.

6. SUBMISSION OF BIDS

The Bidders will submit all the Bid documents online using Central public procurement portal only.

6.1 Online bids (complete in all respect) must be uploaded on http://eprocure.gov.in/eprocure/app

6.2 In case, the day of bid submission/opening is declared Holiday by Govt. of India, the next working day will be treated as day for submission/opening of bids. There will be no change in the timings.

6.3 Bids NOT submitted as per the specified format and nomenclature will be out rightly rejected

6.4 Conditional/Ambiguous bids will be out rightly rejected.

6.5 The offers submitted by telegram/fax/ E-mail etc. shall NOT be considered. No correspondence will be entertained on this matter.

7. PRICING

The bidder should quote uniform discount in percentage terms on the Maximum Retail Price (MRP) (inclusive of all taxes) printed on the strip/ Bottle/ unit packed, in respect of all items of supplies to be made under the Contract. The quoted offer of Discount shall be on the MRP inclusive of all taxes and shall remain firm and fixed for the entire duration of the contract.

8. INSPECTION OFBIDDERS PREMISES

If the Technical Bid on the basis of the documents mentioned in this section appears to be in fulfillment of eligibility, the premises of bidders will be inspected by a team of authorized officers of CGHS Delhi for:

(a) Physical verification of location of the retail shop within the limits of CGHS covered area of the Zone for which the bid has been submitted.

(b) Verification of original documents of those uploaded earlier during the bid.

(c) Availability of proper cold-chain maintenance facilities and power back up systems.

(d) Assess availability of adequate stock of medicines and financial viability etc before opening the Commercial Bid.

(f) Bar code scanning and labeling facility including bar code reader and label maker and software.

In case, the team Is not satisfied with the veracity of the claims of the bidder, he will be declared Ineligible for participate on in the further processes and his Commercial Bid will not be opened.

9. OPENING OF BIDS

Bid shall be opened online through the e-tender portal http://www.eprocure.gov.in/eprocure/app

9.1

9.2

9.3 Financial bids of only those bidders, whose bids found technically qualified, by the Technical/Financial Evaluation Committee, will be opened subsequently for further evaluation.

10. **MISCELLANEOUS :-**

10.l The Additional Director CGHS (MSD) reserves the right to enter into parallel contracts simultaneously or at any time during the period of this contract, with one or more eligible chemists.

10.2 Appointed chemist shall attend the meetings fixed by the Local Advisory Committee in the Wellness Centre as and when called for.

10.3 Those chemists, whose contracts had been terminated by CGHS during the last three years on charges of substitution of medicines, over charging, misbehavior with CGHS beneficiaries/officers, non-adherence to the terms and conditions of contract, etc., shall not be considered for empanelment as authorized local chemist under CGHS. An affidavit that the contract of the bidder (in case the bidder was earlier empanelled) was not terminated by CGHS in the preceding three years shall be submitted.

10.4 The successful Bidder's Earnest Money will be discharged upon the Bidder executing the Contract and furnishing the Performance Security. Unsuccessful Bidder's Earnest Money will be discharged / returned within 30 days after the expiration of the period of tender offer validity prescribed by the CGHS.

10.5 One bidder can apply for any number of wellness centers but will be allotted maximum five number of wellness centers for the purpose of supply of drugs/medicines under the contract. If the bidder has applied for more than five wellness centers and his offer is found to be offering maximum discount in other wellness centers also in addition to the maximum five allotted to him, he will be treated as intelligent for rest of the wellness centers. The next successful bidder with highest offer of discount will be considered for appointment as Authorized Local Chemist for that Wellness Centre subject to fulfillment of all other terms and conditions as set out in this Tender document. In case of identical offers with same rate of discount for two or more Wellness Centers by a bidder, decision of the Tender Committee will be final in regard to allotment of CGHS Wellness Centers to that firm for the purpose of this contract.

The following Tie-breaker procedure will be adopted to break the tie(in order of listing):

1. Distance of the Chemist's premises from the WC(nearer the Chemist, more the preference)
2. Turnover of the Bidder: More the turnover, more the preference
3. Duration of Establishment: Longer the period of establishment, more the preference.

10.6 In case in case of identical discount offer by more than one Bidder for a WC, the following Tie breaker procedure will be adopted to break the tie (In order of listing):

1. Distance of the Chemist's premises from the WC (nearer the Chemist, more the preference)

2. Turnover of the Bidder: More the turnover, more the preference.

3. Duration of Establishment: Longer the period of establishment, more the preference

10.7 If there is no eligible bidder for a wellness centre, the empanelled chemists of the other Wellness Centers with highest offered rate of Discount in the zone may be considered for empanelment I allotment by the tender committee, falling which the Chemist with next highest Discount in the zone will be offered the contract, if otherwise eligible, and so on.

SECTION-II

Conditions of Contract

1. COLLLECTION OF INDENT FOR SUPPLY

The Authorized Local Chemist or his representative shall receive local purchase indent online through internet from the allotted Wellness Centre(s) during the time allotted before the specified closing hours from the allotted Wellness Centre(s).

2. DELIVERY OF SUPPLIES

The delivery of supplies in full will be made on the next working day by 7.30 a.m. or at the opening hours of unit/Wellness Centers, whichever Is later, at the premises or the Wellness Centre(s) indenting the supplies or in case of emergency at the residence of the patients as directed by CMO I/c of the Wellness Centre/unit.

3. NON SUBSTITUTION

In case of Indent for specific brand of medicines, the brand shall not be substituted.

4.1 PACKED SUPPLIES

Supplies are required to be made in original packing of manufacturer. The packing should approximately be nearest to the total quantity demanded of any particular medicine/drug on any particular day.

4.2 INDIVIDUAL PACKET

The local chemist shall supply bar-coded medicines indented for one patient in one packet and write the name and the Beneficiary ID number on the packet of the patient

5. AUTHORITY SLIP

In case an Authorized Medical Attendant or the Wellness Centre concerned gives any 'By Hand' Authority Slip to a beneficiary, the medicines will be supplied immediately to the beneficiary for a period as mentioned in the slip or for upto 7 days or nearest pack size.

6. LIFE PERIOD OF MEDICINES SUPPLIED

Every medicine has its own shelf life period mentioned on the label of medicine .The shelf life of medicines supplied should not have passed more than half of its shelf life at the time of supply.

7. 7.1 ONLINE CONNECTIVITY WITH WELLNESS CENTRES:

The local Chemist shall ensure reliable Internet connectivity to ensure connectivity to CGHS Network to receive online indent from the Wellness Centre(s). Copies of the indent shall be printed by the local chemist on plain computer stationary as per the specifications prescribed CGHS. The chemist must also have facilities for Bar code printing as well as bar code scanning

7.2 PRESENTATION OF BILLS:

(i) The Authorized Local Chemist shall present the bill to respective unit tor the supplies made during each fortnight (to15&16 to 30/31) within ten days of closing of each respective fortnight. The bill should clearly indicate the details of the supplies made each day such as name of the item, name of manufacturer, batch No. date of manufacture & expiry date, name of beneficiary, beneficiary ID No. with date, rate, discount as per contract etc. and any other Information required by the CGHS.

(ii) The bill shall be supported by the original indent along with the certificate from the Chief Medical Officer In charge of the Wellness Centre under his/her signature. with date, seal of the once for receipt of the items indented.

Incomplete bills not accompanied by any of the particulars mentioned in (i) above will not be entertained.

8. PERIOD UPTO WHICH SUPPLY ORDERS WILL BE PLACED

Supply orders will be placed against the contract up to the last date of the contract. Orders received even on the closing date should be honored in accordance with the terms of contract even though the last date of the contract may have expired on the date of supply of medicines.

9. PERFORMANCE SECURITY

The amount of Performance Security shall be liable to be forfeited if the medicines supplied by the Authorized Local Chemist against the indents placed on them in pursuance of this contract are subsequently found as having been stolen from anywhere or are not conforming to quality. The Performance Security is also liable to be forfeited if the authorized chemist:

i) Fails to adhere to the terms of the Contract or

ii) Supplies any sub-standard, spurious drugs or substitutes medicines.

iii) Delays supplies.

iv) Overcharges

v) If the chemist is found engaged in corrupt and fraudulent practices including subcontracting.

vi) The Chemist should not stop the supplies of themed cines/drugs without giving30 days notice.

10. DEDUCTIONS FOR DELAY/ DEFAULT

10.1 In case of Indent for specific brand of medicine. The same shall not be substituted. If any such case is noticed during subsequent scrutiny after or before the payment, then supplier will be penalized Rs.1000/· along with the cost of the specific brand of medicines for each such default.

10.2 The Indented drugs shall be supplied in full on the next working day by 9.00 at the a.m. or at the opening of the effective Wellness Centers whichever is lower or the purchase of the Wellness Centers. In case of emergency, the indented drugs shall be delivered at the residence of the patients as directed by CMO I/C of the Wellness Centre/unit. In the event of non-supply of indented medicines in time as aforesaid, Rs.500/- will be deducted from the bill of the Chemists for each day or part thereof at delay In respect of each brand.

11. TERMINATIQH FOR DEFAULT

CGHS may, without prejudice to any other remedy for breach of contract, by written notice of default sent to the bidder, terminate the Contract In whole or part:

a. If the bidder fails to provide any or all of the services within the period(s) specified in the contract.
b. If the bidder fails to perform any other obligation(s) under the Contract.
c. If the bidder, in the Judgment of the CGHS has engaged in corrupt or fraudulent practices in competing for or in executing the Contract including sub-contracting.

12. RESERVATION OF RIGHT FOR APPOINTMENT OF MORE CHEMISTS FOR EACH CGHS UNIT

The Additional Director CGHS (Medical Store Depot) reserves the right to appoint any number of Authorized Local Chemists for each unit. The Additional Director CGHS (Medical Store Depot) also reserve the right to allocate, reallocate the Wellness Centers, existing and new ones, under the CGHS that may be set up during the currency of the contract. Additional Director CGHS (Medical Store Depot) also reserves the right to decide which chemist shall normally serve which CGHS unit. Without prejudice to the right, emergency purchases can be preferred from any of the empanelled chemist irrespective of such allotment of unit to each Authorized Local Chemist for purchase of normal supplies.

13. SUPPLY OF MEDICINES:

13.1 Sufficient stock of standard quality of medicines at all times will have to be maintained by the chemist, to avoid inconvenience to the CGHS beneficiaries.

13.2 In case of failure or refusal on chemist's part to supply the medicines to the purchaser/ beneficiaries within the time as provided in the relevant clauses of this Tender document, the contract is liable to be terminated /cancelled at chemist's risk and cost. All y additional cost

involved in arranging supply from alternative source will be recovered from the chemist. This will be in addition and without prejudice to the deduction in clauses 12&13

13.3 The chemist will indicate batch number, name of manufacturer, date of expiry of drugs indented in the relevant columns of the Indent sheet at the time of supplying the medicines/drugs to the concerned CGHS Units /Wellness Centre(s).

13.4 (a) The medicines/drugs to be supplied shall be of standard quality. In case it is found that a drug/ medicines is expired or Is near the date of expiry, found not of standard quality, substandard or spurious, supplier's (Appointed Authorised Local Chemist) firm will be liable to be debarred for a period of 3 years be sides other legal action that may be initiated against them as per law. In case the supplier falls to supply Indented drugs/medicines, then CGHS I beneficiary will be entitled to procure the same from other chemist and the supplier will be liable to reimburse In full the price paid by the CGHSI beneficiary. However the chemist will be allowed to claim what would be payable to him for the medicines as per the agreed terms and conditions.

(b) In case of indent of drugs by a specific brand of medicines, the same shall not be substituted by another brand. If any such case is noticed during subsequent scrutiny after or before the payment, the supplier will be penalized for Rs. 1000 in addition to the cost of the specific brand of medicine indented for each such default.

13.5 The designated chemist shall deliver the indented medicines in separate packets for each and every individual beneficiary.

13.6 **Force Majeure:** Supplier shall not be liable for forfeiture of its performance security, imposition of penalty or termination for default, if and to the extent that its delay in performance or other failure to perform Its obligations under the contract is the result or an event of Force Majeure which means an event beyond the control of the supplier and not involving the supplier's fault I. or negligence and not foreseeable. Such events may include, but are not limited to, acts of the purchaser either In its sovereign or contractual capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargos. If a force majeure situation arises the supplier shall promptly notify the purchaser In writing of such conditions and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

14. Indemnity

The bidder shall indemnify the CGHS against all actions, suits, claims and demands brought or made against it in respect of anything done or committed to be done by the bidder in execution of or in connection with the work of this contract and against any loss or damage to the CGHS in consequence to any action or suit being brought against the bidder for anything done or committed to be done In the execution of this contract. The bidder will abide by the job safety measures prevalent in India and will free the CGHS from all demands or responsibilities arising from accidents or loss of life, the cause of which is the bidder's negligence. The bidder will pay

all indemnities arising from such incidents without any extra cost to CGHS and will not hold the CGHS responsible or obligated. The CGHS may at its discretion and entirely at the cost of the bidder defend such suit. Jointly with the bidder or single in case the latter chooses not to .defend the case.

15. PAYMENT

The Authorized Local Chemist shall submit claims for payment of bills twice in a month. Payment of the bills presented will normally be arranged in 4 to 6 weeks from the date of presentation of the bill however, the authorized chemist shall make no claim from the Government of India (CGHS) in respect of interest or damages in case the payment is delayed for any reasons. The payment will be made through ECS for which bidder should give requisite ECS Mandate from with details of bank address, Account 'No.etc & a copy of the cancelled Cheque.

16. ARBITRATION

(i) In the event of any dispute or difference between the parties hereto, such disputes or differences shall be resolved amicably by mutual consultation. If such resolution is not possible, then the unresolved dispute or difference shall be referred to arbitration of the sole arbitrator to be appointed by the Additional Secretary & Director General. CGHS, Ministry of Health & Family Welfare., on the recommendation of the Secretary, Department of Legal Affairs (“Law Ministry"), Government of India. The provisions of Arbitrations and Conciliation Act. 1996 (No.26 of 1966) shall be applicable to the arbitration. The venue of such arbitration shall be at New Delhi or any other place, as may be decided by the arbitrator. The language of arbitration proceedings shall be English. The arbitrator shall make a reasoned award (the 'Award'), which shall be final and binding on the parties. The cost of the arbitration shall be shared equally by the parties to the agreement. However, expenses incurred by each parties in connection with the preparation, presentation shall be borne by the party itself.

(ii) Pending the submission of and /or decision on a dispute, difference or claim, or until the arbitral award is published, the party shall continue to perform all of their obligations under this agreement without prejudice to a final adjustment in accordance with such award".

17. NOTICES :

17.1 Any notice given by one party to the other, pursuant to this Contract shall be sent to other party in writing by registered post or by facsimile and confirmed by original copy by post to the other Party's address as below.

CGHS : Additional Director CGHS (Medical Store Depot), Delhi.

Bidder----------.

17.2 Notice shall be effective when delivered or on the notice's effective date, whichever is later.

ANNEXURE·A

EMPANELMENT OF CHEMIST FOR WC IN DELHII NCR

PERFORMANCE SECURITY FORM (PSF) (For an amount of 5% of the expected business in respect of CGHS Wellness Centre allotted to him for supply of drugs medicines)

To,

The President of India
Through Additional Director CGHS)
Medical Store Depot,
New Delhi-110001

WHEREAS .....(Name of successful bidder) hereinafter called "Successful Bidder" has undertaken, purchase Contract No ----------dated, 2014 to ---------- (Description of Services) hereinafter called "the Contract" in pursuance of Tender Document dated _ issued by.

AND WHEREAS it is one of the terms of the tender document that the successful bidder has to submit a performance bank guarantee by a nationalized bank for entering Into a contract. ,

AND WHEREAS it has been stipulated by you in the said contract that the successful bidder shall furnish you with a bank guarantee by a nationalized bank for the sum specified therein as security for the compliance with the successful bidder's performance obligations in accordance with the contract.

AND WHEREAS we have agreed to give guarantee for the successful bidder.

THEREFORE WE hereby affirm that we are guarantors and responsible to you up to a total sum of Rs. --/Rupees only) and we undertake to Immediately pay you, upon your first written demand declaring the successful bidder to be in default under the contract and without demur cavil or argument, any sum or sums within the amount as aforesaid, without your needing to prove or to show the grounds or reasons for your demand or the sum specified therein.

A letter from your office that the successful bidder has committed default in the due and I faithful performance of all or any of its obligations under and in accordance with the contract shall be conclusive, final and binding on us. We further agree that you shall be the sole judge as to whether the successful bidder Is In default in due and faithful performance of Its obligations under the contract and your decision that heis In default shall be final and binding on us, notwithstanding any differences between you and successful bidder or any disputes between you and himpendingbeforeanArbitratororanyothercourtortribunalorauthority.

In order to give effect to this quarantine you shall be entitled to act as if we are the principal debtor and any chance in our constitution or that of successful bidder shall it not, in any way, or manner affect our liability or obligation under this guarantee.

You shall have liberty, without affecting in any manner our liability under this guarantee, to vary at any time, the terms and conditions of the contract or to extend the time or period for compliance or to postpone for any time the exercise of any of your rights or enforce or forebear from enforcing any of the terms and conditions of the contract and we shall not be released from our liability or obligation under this guarantee by any exercise of such liberty by you or other forbearance, indulgence, act or omission on your part.

We undertake not to revoke this guarantee during Its currency

Any notice by of request, demand or otherwise may be sent by post addressed to us at above referred branch, which shall be deemed to have been duly authorized to receive such notice and to effect payment thereof forthwith, and If sent by post It shall be deemed to have been given at the time when it ought to have been delivered In due course of post and In proving such notice, when given by post, it shall be sufficient to prove that the envelope containing the notice was posted and a certificate signed by any of your officers that the en-.lope was so posted shall be conclusive.

This guarantee shall come into force with immediate effect and shall remain In force and effect for a period of six months beyond the validity of the contract or until it is released by you pursuant to the provisions of the contract.

Signed and sealed this day of 2015 at

SIGNED, SEALED AND DELIVERED
For and on behalf of(Name of the bank)

By

(Signature)

(Name :)
(Designation:)
(Address :)

ANNEXURE 8

TENDER ACCEPTANCE LETTER
(To be given on Company Letter Head)

To, Date:

Sub: Acceptance of Terms & Conditions of Tender

Tender Reference No:- ----------

Name of Tender Work:

Dear Sir. Date:

1. I/We have downloaded I obtained the tender document(s) for the above mentioned 'Tender/Work' from the web site(s) namely:

   as per your advertisement, given in the above mentioned website(s).

2. I/We hereby certify that I/we have read the entire terms and conditions of the documents from Page No. to (Including all documents like annexure(s), schedule(s), etc.,)which form part of the contract agreement and I/ we shall abide hereby by the terms / conditions I clauses contained therein.

3. The corrigendum(s) issued from limo to time by your department/ organization too have also been taken Into consideration, while submitting this acceptance letter.

4. I/We hereby unconditionally accept the tender conditions of above mentioned tender document(s)Corrigendum(s) in its totality / entirety.

5. In case any provisions of this tender are found violated, then your department/organization shall without prejudice to any other right or remedy be at liberty to reject this tender/bid Including the for feature of the full said earnest money deposit absolutely.

Yours Faithfully,

(Signature of the Bidder, with Official Seal)

ANNEXURE-C

EMPANELEMENT OFCHEMIST FOR WC IN DELHI/NCR

Declaration of the Bidder

From,

Complete address of the bidder

With Phone/Fax, Mobile No & E-mail Address.

To,

Additional Directors CGHS
Medical Store Depot
DIZ Area –II, Udyan Marg, Gole Market
New Delhi-110001.

Dear Sir,

1. I/We hereby offer to supply medicines/drugs to CGHS Wellness Centers ---------- as indicated in the Bid notice or to such Wellness Centers/hospitals/units, you may specify in the acceptance of Bid at the rate given in Price Bid attached and agree to hold this offer open till ------ ---------- I/We shall be bound by a communication of acceptance dispatched within the prescribed time.

2. I/We have understood the instruction to the Bidders and Conditions of Contract and fully accept them.

3. I/We are fully aware of the nature of medicines /drugs/required and my/ our offer is to supply the medicines/drugs strictly in accordance with the requirements of CGHS.

4. I/We agree to arrange of standard quality medicines/drugs in accordance with the nomenclature, specifications and packages given in the local purchase Indents.

5. I/We agree that the supply of aforesaid will comply with provisions of Drugs & Cosmetics Act, 1940 and rules made there under.

6. My/our shop is situated within CGHS COVEREDAREA OF THE ZONE.

7. My/Our firm has been convinced by the State Drugs Authorities and no case is pending under the Drugs and Cosmetics Act and Rules.

SIGNATURE OF WITNESS

NAME

ADDRESS:
DATE:.../.../.....

SIGNATURE BIDDER

NAME

ADDRESS:
DATE:.../.../.....

ANNEXURE-D

List of the CGHS Wellness Centers

S. NO.	ZONE	NAME OF THE WC	WC Code	TENDER ID
1	CZ	Chanakya Puri	D23	2016 DGHS_82987_1
2	CZ	North Avenue	D31	2016 DGHS_82987_2
3	CZ	Telegraph Lane	D34	2016 DGHS_82987_3
4	CZ	Dr. Z. H. Road	D44	2016 DGHS_82987_4
5	CZ	Minto Road	D4	2016 DGHS_82987_5
6	CZ	FAP Supreme Court	D93	2016 DGHS_82987_6
7	EZ	Chandni Chowk	D8	2016 DGHS_82987_7
8	EZ	Daryaganj	D28	2016 DGHS_82987_8
9	EZ	Greater Noida	D22A	2016 DGHS_82987_9
10	EZ	Subzi Mandi	D6	2016 DGHS_82987_10
11	EZ	Shahibabad	D94	2016 DGHS_82987_11
12	EZ	Noida Sector 82	D95	2016 DGHS_82987_12
13	EZ	Ghaziabad	D68	2016 DGHS_82987_13
14	EZ	Vaishali Indirapuram	D97	2016 DGHS_82987_14
15	NZ	Pusa Road	D18	2016 DGHS_82987_15
16	NZ	Dev Nagar	D19	2016 DGHS_82987_16
17	NZ	New Rajinder Nagar	D45	2016 DGHS_82987_17
18	NZ	Rohini Sec.-16	D89	2016 DGHS_82987_18
19	NZ	Jharoda kalan (Najafgarh)	D33A	2016 DGHS_82987_19
20	SZ	Andrews Ganj	D39	2016 DGHS_82987_20
21	SZ	Munirka	D71	2016 DGHS_82987_21
22	SZ	Pushp Vihar	D78	2016 DGHS_82987_22
23	SZ	R.K. Puram - 1	D43	2016 DGHS_82987_23
24	SZ	R. K. Puram - ||	D46	2016 DGHS_82987_24
25	SZ	R. K. Puram - |||	D50	2016 DGHS_82987_25
26	SZ	R.K. Puram - IV	D52	2016 DGHS_82987_26

27	**SZ**	R.K. Puram-V	**D57**	2016 DGHS_82987_27
28	**SZ**	R.K. Puram-VI	**D69**	2016 DGHS_82987_28
29	**SZ**	Sadiq Nagar	**D63**	2016 DGHS_82987_29
30	**SZ**	Faridabad	**D70**	2016 DGHS_82987_30
31	**SZ**	Gurgaon	**D73**	2016 DGHS_82987_31
32	**SZ**	Gurgaon Sector -55	**D92**	2016 DGHS_82987_32
33	**SZ**	**Jangpura**	**D40**	2016 DGHS_82987_33
34	**SZ**	Kasturba Nagar - I	**D24**	2016 DGHS_82987_34
35	**SZ**	Kasturba Nagar - II	**D72**	2016 DGHS_82987_35
36	**SZ**	M. B. Road	**D65**	2016 DGHS_82987_36
37	**SZ**	Moti Bagh	**D16**	2016 DGHS_82987_37

38	SZ	Nanakpura	D29	2016 DGHS_82987_38
39	SZ	Nauroji Nagar	D30	2016 DGHS_82987_39
40	SZ	Netaji Nagar	D21	2016 DGHS_82987_40
41	SZ	Sarojini Nagar Market	D35	2016 DGHS_82987_41
42	SZ	Sarojini Nagar - II	D14	2016 DGHS_82987_42
43	SZ	Vasant Vihar	D96	2016 DGHS_82987_43
44	SZ	Sriniwaspuri	D37	2016 DGHS_82987_44
45	SZ	Sarita Vihar	D90	2016 DGHS_82987_45
46	SZ	Lajpat Nagar	D11	2016 DGHS_82987_46
47	SZ	Hauz Khas	D47	2016 DGHS_82987_47
48	SZ	Laxmibai Nagar	D15	2016 DGHS_82987_48
49		Medical Store Depot (MSD)		2016 DGHS_82987_49

ANNEXURE-E

PERFORMANCE SECURITY FOR 49 WELLNESS CENTRES IN DELHI/NCR							
S.NO.	**ZONE**	**NAMEOFTHE WC**	**WC CODE**	**Avg. of 3 years**	**Performance Security(5% of Avg.)**	**Rounded of Performance Security**	**EMDin Rs.**
1	**CZ**	Chankya Puri	**D23**				**100000/-**
2	**CZ**	North Avenue	**D31**				**100000/**
3	**CZ**	Telegraph Lane	**D34**				**100000/**
4	**CZ**	Dr. Z. H. Road	**D44**				**100000/**
5	**CZ**	Minto Road	**D4**				**100000/**
6	**CZ**	FAP Supreme Court	**D93**				**100000/**
7	**EZ**	Chandni Chowk	**D8**				**100000/**
8	**EZ**	Daryaganj	**D28**				**100000/**
9	**EZ**	Greater Noida	**D22A**				**100000/**
10	**EZ**	Subzi Mandi	**D6**				**100000/**
11	**EZ**	Shahibabad	**D94**				**100000/**
12	**EZ**	Noida Sector 82	**D95**				**100000/**
13	**EZ**	Ghaziabad	**D68**				**100000/**
14	**EZ**	Vaishali Indirapuram	**D97**				**100000/**
15	**NZ**	Pusa Road	**D18**				**100000/**
16	**NZ**	Dev Nagar	**D19**				**100000/**
17	**NZ**	New Rajinder Nagar	**D45**				**100000/**
18	**NZ**	Rohini Sec.-16	**D89**				**100000/**
19	**NZ**	Jharoda kalan (Najafgarh)	**D33A**				**100000/**
20	**SZ**	Andrews Ganj	**D39**				**100000/**
21	**SZ**	Munirka	**D71**				**100000/**
22	**SZ**	Pushp Vihar	**D78**				**100000/**
23	**SZ**	R.K. Puram - 1	**D43**				**100000/**
24	**SZ**	R. K. Puram - ||	**D46**				**100000/**
25	**SZ**	R. K. Puram - |||	**D50**	660366			**100000/** 661019

26	**SZ**	R.K. Puram - IV	**D52**				**100000/**
27	**SZ**	R.K. Puram-V	**D57**				**100000/**
28	**SZ**	R.K. Puram-VI	**D69**				**100000/**
29	**SZ**	Sadiq Nagar	**D63**				**100000/**
30	**SZ**	Faridabad	**D70**				**100000/**
31	**SZ**	Gurgaon	**D73**				**100000/**
32	**SZ**	Gurgaon Sector -55	**D92**				**100000/**
33	**SZ**	**Jangpura**	**D40**				**100000/**
34	**SZ**	Kasturba Nagar - I	**D24**				**100000/**
35	**SZ**	Kasturba Nagar - II	**D72**				**100000/**
36	**SZ**	M. B. Road	**D65**				**100000/**
37	**SZ**	Moti Bagh	**D16**				**100000/**
38	**SZ**	Nanakpura	**D29**				**100000/**
39	**SZ**	Nauroji Nagar	**D30**				**100000/**
40	**SZ**	Netaji Nagar	**D21**				**100000/**
41	**SZ**	Sarojini Nagar Market	**D35**				**100000/**
42	**SZ**	SarojiniNagar - II	**D14**				**100000/**
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44	**SZ**	Sriniwaspuri	**D37**				**100000/**
45	**SZ**	Sarita Vihar	**D90**				**100000/**
46	**SZ**	Lajpat Nagar	**D11**				**100000/**
47	**SZ**	Hauz Khas	**D47**				**100000/**
48	**SZ**	Laxmibai Nagar	**D15**				**100000/**
49		Medical Store Depot (MSD)					**100000/**

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Maude Line
Delhi Cantt - 110010

B/49774/AG/ ECHS/Referral

27 Sep 2012

HQ O MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REFERRAL POLICY : MODIFICATION

1. Reference to Central Org ECHS Letter No B/49774/AG/ECHS/Referral dt 01 Dec 2009 (copy enclosed):

2. After Para 19 of the a/m letter on follow up Treatment/Review the following Para to be added:

(a) Validity of referrals in the u/m cases for regular follow up/review will be taken for six months:
- (i) Chemotherapy
- (ii) Radiotherapy.
- (iii) Dialysis.
- (iv) Inj Lucentis - for treatment of Eye
- (v) Inj Avastin
- (vi) Physiotherapy.
- (vii) Psychiatry treatment counselling

(b) O/c Polyclinic may accordingly generate referrals based on medical advice with validity up to six months.

3. This policy will be effective form the date of this letter.

(MohanSingh)
Col Offg
Dir(Med)
for MD

Copy to:

DGAFMS/DG3(A)
DGMS (Army)/DGMS 5(B)
DGMS (Navy)/Dir ECHS DGMS
(Air)/DMS(MB) Med-D
All Regional ECHS

Internal

Ops &cord
P & FC
-It Please upload it on the website To ECHS

Tele: 011-25684845
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters of
Ministry of Defence (Army)
DelhiCantonment, MaudeLines
New Delhi - 110010

B/49773/AG/ECHS/Rates/Policy

28Mar2013

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS & Med)
HQ Eastern Command (A/ECHS & Med)
HQ Western Command (A/ECHS & Med)
HQ Central Command (A/ECHS & Med)
HQ Northern Command (A/ECHS & Med)
HQ South Western Command (A/ECHS & Med)

GUIDELINES AND CEILING RATES OF LIVERTRANSPLANT SURGERY IN RESPECT OF ECHS BENEFICIARIES

1. Central Org, ECHS has been receiving requests from its beneficiaries seeking approvals for Liver Transplant Surgery, both for themselves and their dependents.

2. MOHFW has issued guidelines and ceiling rates for permission / reimbursement for Liver Transplant Surgery vide their Office Memorandum No. F. No. S-14025/3/2010-MS/CGHS (P) dated 16 Jan 2013. Similar guidelines are being issued on the subject for ECHS beneficiaries as per details given below:

(a) **Selection Criteria.**

Indications: Adult Liver Disease

Diagnosis	Cause	Clinical Findings
Acuteliver failure	Non-Paracetamol (Viral, drug; induced, Wilson's, Autoimmune hepatitis etc.)	Prothrombin time >100 sec or 3 of 5: Interval jaundice- encephalopathy > 7 days Age<10 or >40 Years Prothrombin time > 50 sec./INR> 3.5 Bilirubin > 30 umol/1 Cause non-viral or unknown
	Paracetamol induced	Arterial ph<7.30 or all 3 criteria
		Encephalopathy grade III or IV Prothrombin time >100 sec./INR >6.5 Creatinine > 300 umol/1
Chronic Liver Disease	Cirrhosis (non Cholestatic)	Child-Pugh score > 10 or MELD Score >14
	Cholestatic with or without Cirrhosis	According toAmerican criteria based on MELD scoring
	Miscellaneous	Case to case basis

Liver Tumors	Hepatocellular Carcinoma	Single Tumor <6.5 cm or Two Tumors > 4.5 cm No Vascular invasion No distant Metastasis
	Other types	Case to case basis

(b) **PediatricLiver Diseases - EHBA and Metabolic Liver Disease to be Decided on Case to Case Basis.**

Contraindications

Absolute	Systemic extra hepatic infections Extra hepatic malignancy (if not definitely cured) Irreversible brain damage Irreversible multi-organ failure . Substance abuse (if not abstinent for > 6 months)
Relative	HIV seropositivity Age > 65 years Mental incapacity Extra hepatic disease limiting the chance of survival Residency outside India unless emergency

(c) **Type of Transplants Permitted for Reimbursement.**

(i) Cadaveric donor.

(ii) Live donor.

(aa) Related (Near Relatives)

(ab) Unrelated(only after approval by Authorization Committee)

(d) **Centres Approved for Liver Transplantations Surgery Liver Transplant Surgery** shall be allowed only in Government Hospitals/ Private Hospitals, which are registered under the Transplantation of Human Organs Act, 1994, as amended from time to time.

(e) **Permission Ex Post Facto approval for Liver Transplantation Surgery**

Liver Transplant Surgery will be permitted only after the request has been approved and recommended by a Standing Committee, comprising of the following :

(aa).	MD, ECHS	Chairman
(ab)	HODDeptt of Gastroenterology, Army Hospital (R&R)	Member
(ac)	HODDeptt of GI Surgery (Army Hospital (R&R)	Member
(ad)	Dir (Med), ECHS	Member Secretary

(f) **Documents Required to be Submitted for Consideration of Reimbursement/ Permission.**

(i) Personal Application from ECHS beneficiary.

(ii) Photocopy of ECHS Card authenticated by OIC Polyclinic.

(iii) Medical Case Sheet with recommendation for Liver Transplant Surgery by Service GI Surgeon or Gastroenterologist/GI Surgeon of empanelled hospital who is to do the Liver Transplant Surgery.

(iv) CT/MRI Liver Report

(v) Etiology evaluation Report

(vi) Histopathological Report, wherever available

(vii) Current Child Pugh/MELD Score Report

(viii) Medical Case Sheet from the Govt./Private Hospital where the ESM wants to undergo the Liver Transplant Surgery.

(ix) Copy of Registration Certificate of the Hospital under Transplantation of Human Organs Act, 1994.

(x) Otherrelevant documents.

(g) **Reimbursement Criteria.** As liver Transplant Surgery is a planned surgery, prior permission of the standing committee has to be obtained before the surgery is undertaken.

(h) **Submission of Application.** ECHS beneficiaries will submit their request for permission for Liver Transplant to their respective Polyclinics and through the Regional Centres concerned, the case will be forwarded to Central Org, ECHS for submission before the Standing Committee for consideration and approval. Polyclinics and Regional Centres will forward the application to the next higher echelon after checking that the documentation is complete in all respects.

(j) **Ceiling Rates for Reimbursement for Liver Transplant Surgery**

(i) The package for Liver Transplantation surgery involving Live Liver donor is Rs. 11,50,00/- (Rupees Eleven Lakh fifty thousand only) + Rs. 2,50,000/- (Two lakh fifty thousand only) for Pre-transplant evaluation of donor and recipient.

(ii) The package rate for Liver Transplant Surgery involving a deceased donor is Rs. 11,00,000/- (Rupees Eleven Lakh only). This includes, the cost of consumable during the organ retrieval and the cost of preservative solution etc.

(iii) **Package Charges will Incl the Following :**

(aa) 30 days hospital stay of the recipient and 15 days for the donor starting one day prior to the Transplant surgery.

(ab) Charges for medical and surgical consumables, surgical and Procedure charges, Operation Theater charges, Anesthesia charges, Pharmacy, Investigations and in house doctor consultation for both donor and recipient during the above period. This also includes all post operative investigations and procedures during the above mentioned period.

(iv) **The Package Excludes the Following:**

(aa) Charges for drugs like Basiliximabi/Daclizumab, HBIG and peg Interferon. (ab) Cross

Matching charges for Blood and Blood products.

Note:

(a) The extra stay if any may be reimbursed after justification by the treating specialists for the reason of additional stay and only as per CGHS guidelines.

(b) The drugs mentioned above would be reimbursed as per CGHS rates or actual, whichever is lower.

This directive on Liver Transplant Surgery shall come into effect from the date of issue of this letter.

(MohanSingh)
Col
Jt Dir (Med)
for MD ECHS

Copy to :

DGAFMS (DG-3A)
DGMS (Army) (DGMS-5B)
DGMS (Navy), Naval HQs DGMS (Air), Air HQ Indian
Cost Guards
All Regional Centre, ECHS

Internal

Ops & Coord Sec P& C
Sec
IT Sec
HOD Deppt of Gastroenterology Army Hosp (R&R) HoD Deppt of GI
Surgery Army Hosp (R&R)

Tele 23012004

Office of the DGAFMS
Ministry of Defence
M Block
New Delhi-110011

43770/DGAFMS/DG-1C

27 Aug 2013

Commandant
Artificial Limb Sub Centre CH (WC)
Chandimandir

Commandant
Artificial Limb Sub Centre CH (AF)
Bangalore

Commandant
Artificial Limb Sub Centre BH Delhi
Cantt

Commandant
Artificial Limb Sub Centre BH
Lucknow

Commandant
Artificial Limb Sub Centre 151
Base Hosp Clo 99 APO

FWD OF SOP FOR FUNCTIONING OF ARTIFICIAL LIMB SUB CENTRES

1. A copy of SOP duly approved by DGAFMS regarding functioning of the Artificial Limb Sub Centres is forwarded herewith for your further necessary action please.

2. Commandants of hospitals where the Artificial Limb Sub Centre are situated are requested to forward addl demand for funds to ADG (E&S) to cater for provisioning of rehabilitation aids at their ALSC

(Bipin Puri)
Brig
Dy
DGAFMS(Coord)

Encls : SOP

DGMS (Army)/Dir MS (T&C)- A copy of SOP is forwarded herewith for further dissemination to
DGMS (Navy) / PDMS (P&M) - all concerned medical units under your jurisdiction please.
DGMS (Air)/ PDMS (P)

MD ECHS - For info alongwith a copy of above SOP.

Copy to:

AG's Branch (Budget) - For info alongwith a copy of SOP for allotment of fund please.

ALC Pune - Forinfo wrt your letter No ALC/MFW/SOP/ALC-ALSCS/2013 dt 29 Jul 13.
A copy of of SOP on the above subject is enclosed herewith.

Internal

PS to ADG (E&S) - for info alongwith a copy of SOP and Note No 1 to 10 recorded on file No 43770/DGAFMS/DG-10

SOP FOR FUNCTIONING OF ARTIFICIAL LIMB SUB-CENTRES

1. The aim of this SOP is to lay down procedures for smooth functioning of the Artificial Limb Sub Centres at various hospitals. This SOP supercedes all SOPs issued prior to this date.

2. The Sub-centres will function under the administrative command and control of the Commandant of the hospital the Sub Centre is loc at.

3. Technical control of the ALSCs will rest with Addl DGAFMS (HR). ALC Pune will provide guidelines for all technical issues including but not limited to the prescription protocols and policies, training of manpower, introduction of new technology, eqpt and components, and disposal of amputees.

4. A Prosthetic surgeon where available Orthopedic surgeon/ Surgeon will be designated as Officer-in-charge ALSC. A rehab team will be constituted to be led by O i/c ALSC and comprising of Senior Prosthetist, Physiotherapist, Psychiatrist, Occupational therapist, and Nursing JCO/ Senior Nursing asst. Oilc ALSCs will be responsible for coordinating the team activity, and day-to-day administration and functioning of the Sub-Centre. The Oi/c sub centre will also make prescriptions, ensure correct manufacture, fitting, training and issue of the limbs and appliances, and maintain standardization and quality assurance in respect of all devices manufactured/ issued by ALSCS.

5. **The Sub-Centres will only:**

(a) Replace and repair Second renewal fittings of Endoskeletal prostheses for all levels of lower limb amputations (including above, through and below knee) in uncomplicated cases. There will be no deviation from the prior prescription unless auth by ALC Pune. Cases of difficult failed/ complicated fittings will be transferred/ referred to ALC Pune.

(b) Manufacture and repair ALC design Exoskeletal lower limb prostheses once upgraded to the full recommended complement of staff and eqpt. No other designs of Exo prosthesis will be manufactured/ repaired.

(c) Manufacture prosthetic and orthotic footwear and insoles, and lower limb and upper limb orthotics as per protocols defined by ALC Pune.

(d) Provide physiotherapy, gait and balance trg, psychological intervention, and occupational therapy to all clientele as appropriate.

6. **Sub-Centres will NOT (r) NOT :**

(a) Deviate from the prescription protocol defined by ALC Pune. To ensure standardization across all centres, only the components specified in the protocol will be fitted.

(b) Carry out the first time prosthetic (Artificial Limb) fittings for any case. All new amputees including cases of revision amputations will be referred/ transferred to ALC Pune directly from the respective treating hospital/ ECHS Centre. There will be no such restriction for first-time orthotic fittings.

(c) Provide Upper Limb functional prostheses, Silicone Cosmetic prostheses, special components, sports prostheses. Clientele requiring such prostheses are rec to be transferred/ referred to ALC Pune. Cases requiring both upper and lower limb prostheses will be directly referred/ transferred to ALC Pune by the ALSC/ treating/ nearest hospital/ ECHS Centre.

(d) Treat civilians and non-entitled clientele.

7. Raw materials available from mil sources will be indented from ALC Pune. All materials and components not available from mil sources will be procured by the parent hospital out of DGLP and ECHS funds allotted. ALC Pune will provide the details of vendors registered for the same. Accounting for inventory and store will be carried out as per existing instructions for any stores.

8. Equipment will be covered and maint under warranty and Annual Maint Contract as per existing instructions applicable to electromedical and non-electromedical eqpt. Emergent repairs may be carried out as per the designated financial powers of Comdt of the hospitals.

9. All new patients fitted first time with orthotics and other appliances will be allotted a unique Disability number and a Disability file will be opened and maint for the client. As all new amputees are to be referred to ALC Pune vide para 6 (b) above, no disability number need be allotted to such clientele. ECHS members will be allotted Disability no prefixed with "E-" as allotted. Block disability numbers allotted to ALC Pune and various Sub-centres are as under:

(a) **ALC Pune:**

(i) Serving: 1-5000, 30001-50000

(ii) Dependent families : 50001-60000

(iii) Officers families : 70000 - 80000

(iv) Civilians and non-entitled : 5001-30000, 80001-90000

(v) ECHS: E-1 - E-30000

(b) **Base Hospital Delhi Cantt :**

(i) Entitled: 60001-65000, 90001-95000

(ii) ECHS : E-30001 - E-40000

(c) **Base Hospital Lucknow :**

(i) Entitled : 65000-70000, 95001-100000

(ii) ECHS : E-40001 - E-50000

(d) **CH (WC) Chandimandir :**

(i) Entitled : 100001-110000

(ii) ECHS : E-50001 - E-60000

(e) **151 BH:**

(i) Entitled : 110001-120000

(ii) ECHS : E-60001 - E-70000

(f) **CH (AF) Bangalore :**

(i) Entitled : 120001-130000

(ii) ECHS : E-70001 - E-80000

10. Records of all fittings of artificial limbs and orthotics, and issue of ready-made off the shelf items will be maint in the individual file as per the allotted disability no. Workorder/ job card will be completed in full and signed by the appropriate pers and Oi/c. ALSCs will forward a quarterly summary of workload to ALC Pune by 15th of Jan, Apr, Jul, and Oct each year. This will incl copy of workorder/ job card and expense of materials, new clientele registered pertaining to the preceding quarter.

11. Officer in-charge of the Sub-Centre will ensure that the staff at ALSC remain up to date with the current processes and technology approved for the Armed Forces. Liaison will be maint with ALC Pune for this purpose. The staff may be sent to ALC for initial and refresher training if required after obtaining permission of the DGAFMS

12. An advisory council consisting of Comdt ALC as chairperson, Dy Comdt ALC, Prosthetic Surgeon ALC, OC EME Wksp ALC, and offrs i/o ALSCs will be convened to meet on a half-yearly basis to review the policies, activities undertaken during the last quarter and to address issues if any. Comdt ALCI his representat je will make periodic visits to the subcentres and evaluate the functioning thereof.

13. This SOP has the approval of the DGAFMS.

ASCON: 36835

Central Orgnisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

17 Apr 2014

IHQ of MOD(Navy)/Dir ECHS
(N) Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

TREATMENT OF ECHS BENEFICIARIES AT INSTITUTE OF LIVER AND BILIARY SCIENCES AT CGHS RATES

1. Institute of Liver Biliary Sciences Vasant Kunj New Delhi has been set up by Govt of Delhi to provide a comprehensive set up for diagnosis and treatment of Liver and Biliary Diseases.

2. The institute has informed that the ECHS beneficiaries holding a valid ECHS Card can avail treatment/investigation facilities on cash basis as per entitlement of the beneficiary as per CGHS rates or AIIMS rates or actual whichever is less vide their letter No F. 15 (15/2)/HO (M)/ILBS/Empanel/(1/2 8)/905 dt 27 Feb 14 (copy enclosed). The reimbursement, however in respect of items for which ceiling has been prescribed will be limited to the ceiling rates or actual whichever is less.

3. ECHS beneficiaries desirous of taking treatment at ILBS can do so by taking a referral as reimbursement claim from any ECHS Polyclinic in Delhi. The entitlement of the ECHS beneficiaries for indoor treatment (Gen ward, Semiprivate and Private) would be mentioned on the referral letter. A recommendation of Service Spl will be required before undergoing any unlisted procedure/test.

4. All RCs are advised to info all the ECHS Polyclinics under their AOR in this regard.

(VijayAnand)
Col
Dir (Med)
for MD ECHS

Encls: As above.

Copy to:

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS
(Navy) DGMS (Air Force)
(Med-7)

All Regional

Centres UTI-

ITSL
153/1, Above Farico Show Room
First Floor, Old Madras
Road Halasuru,
Bangalore Karnataka-
560 008

Internal

Ops &
Coord
P&FC
Claim sec Stay & Automation Sec - for uploading on ECHS website.

Tele: 011-25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army)
Maude Lines
New Delhi- 110 010

B/49774/AG/ECHS/Referral/Policy 21Apr14

IHQ of MoD (Navy) / Dir ECHS (N)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)

ECHS REFERRAL PROCEDURE: TYPE 'D' NON-MIL POLYCLINICS

1 .Refer GoI letter No. 22 (72)/06/D(Res)/US(WE) (VOI –IV) dated 12 Nov 13.

2. The post of Medical Specialist in Type D Non-Mil polyclinics has been abolished vide the above mentioned letter. As per the Referral Policy issued vide letter No. B/49774/AG/ECHS/Referral dated 01 Dec 09, Para 7 (d), referral for superspecialty services in an empanelled hospital can be made only by a specialist at the polyclinic, or on advice of the concerned specialist of a Service hospital or concerned specialist of the local Govt. hospital or the concerned specialist of the empanelled hospital (in absence of a Service hospital).

3. In order to obviate inconvenience to ECHS beneficiaries, Medical Officers of polyclinics will be authorized to refer patients to a concerned specialist of the Service hospital or in case there is no Service hospital available locally, then to the concerned Govt. specialist at the local Govt. hospital or for general service specialties at an empanelled hospital. If any of the above specialist advises treatment by a super specialist, then the patient can be referred by the Medical Officer of the Polyclinic to the super specialist concerned at the empanelled hospital.

4. A case for restoration of the post of Medical Specialist in Type D Non-Mil Polyclinics has, in the mean time, been taken up with the DoESW.

(VijayAnand)
Col
Dir (Med)
for MD ECHS

Copy to:

All Regional Centres

Tele: 25684945
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
ArmyHeadquarters
Maude Lines
Delhi Cantt-110010

B/49771/AG/ECHS/Gen

05 Aug 2014

Regional Centre,
ECHS Delhi Cantt - 1

Regional Centre,ECHS
Delhi Cantt - 11

STOP REFERALS: DIAGNOSTICLABS & IMAGING CENTRES

1. Refer to CGHS OM S-1101/21/2014(HEC) dated 01 Aug 14 (copy attached).

2. Subsequent to recommendation of Ethics committee of Medical Council of India, CGHS has withdrawn the empanelment of few Diagnostic Centres.

3. It is directed that all referrals to theundermentioned Diagnostic Laboratories and Imaging Centres empanelled with ECHS be stopped with imdt effect till further orders :

(a) City X-ray & Scan Clinic Pvt. Ltd., 4, B17, Tilak Nagar, New Delhi.

(b) Star Imaging & Path Lab (P) Ltd, 4, B14, Tilak Nagar, New Delhi,

(c) Global Diagnostics Pvt. Lid., 50/1-2-3, Lower Ground Floor, Yusuf Sarai Main Market., Aurobindo Marg, New Delhi-110016.

(d) Diwan Chand Medical Services Pvt. Ltd., 10-B, Kasturba Gandhi Marg, New Delhi-110001.

(e) SRL Diagnostic, Fortis Fit. Lt. Rajan Dhal Hospital, Pocket-B-1, Aruna Asaf Ali Marg, Vasant Kunj, New Delhi.

(f) SRLDiagnostic, Fortis Hospital, B-22, Sector-62, Noida.

(g) SRL Diagnostic, Fortis Escorts Heart Institute and Laboratory Services Research Centre Ltd., Okhla Road, New Delhi.

(h) SRL Diagnostic, GP-26, Maruti Industrial Estate, Udyog Vihar, Sector 18, Gurgaon

(j) SRLDiagnostic, C-57, Ground Floor, Preet Vihar, Delhi.

(k) SRL Diagnostic, Fortis Hospital, A-Block, Shalimar Bagh, New Delhi.

(l) SRLDiagnostic, Fortis Escorts Hospital, Neelam Bata Road, Faridabad, New Delhi.

(VijayAnand)
Col
Dir (Med)
for MD (ECHS)

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

28 Oct 14

B/49770/AG/ECHS

IHQ of MOD(Navy)/Dir ECHS
(N) Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REVISEDFORMAT OF APPX 'A', 'B' AND 'C'

1. Refer Para 3 of Central Org ECHS letter No B/49770/AG/ECHS dt 15 Mar 10.

2. The revised format of Appx 'A', 'B' and 'C' for approval for extended duration of hospitalization beyond 12 days and upto 120 days are forwarded herewith for use by all empanelled Hospitals. The Appx `A', 'B' and 'C' as per Para 3 of letter under reference are hereby superseded.

(VijayAnand)
Col
Dir (Med)
for MD

Encls: As above.
Copy to :

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy) - for info. DGMS
(AirForce)(Med-7)

All Regional

Centres UTI-

ITSL
153/1, Above Farico Show Room - forinfo.
First Floor, Old Madras Road
Halasuru, Bangalore Karnataka-560 008

Internal

(Ops & Coord) Sec
Claim Sec Stats & Automation Sec - for uploading the letter on ECHS website.

Appx 'A'
(Refer to para 3(a) of Central Organisation ECHS letter No B/49770/AG/ECHS dated 28 Oct 14)

ECHS Membership No .....

APPROVAL FOREXTENDED DURATION OF HOSPITALISATION (UP TO 30 DAYS)
Part-i (To be filled by the Empanelled Hospital)

1. Name(Patient)..... 2. Relationship with ECHS member.....

3. No ..... 4. Rank ..... 5. Name (Member).....

6. Hospital……..

7. Diagnosis.....

8. Date of admission.....

9. Extension required from……To…….

10. No of days for which extension required.....

11. Treatment modality carried out so far .....

12. Proposed Treatment/Test/Procedure.....

13. Case summary to be attached (Yes/No). .....

14. Whether finality of treatment has been attained. If not what is the approx time required……
……

15. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....
.....

(Signatureof treating Consultant) Date:

Part-II (To be filled by the Medical Officer of the Polyclinic) (For Hospitalisation period between 12 days to 30 days)

16. Patient visited in the hospital on .....

17. Authenticity of treatment modality.....

18. Effect of treatment on patient recovery.....

19. Relevance of Diagnostic Investigation.....

20. Reasons for extended stay beyond 12 days. .....

21. Likely date of finality in treatment…….

22. Recommendation/comments of MO.....

(Signatureof MO) Date:

APPROVED/NOT APPROVED

Stn Stamp

OIC, ECHS Polyclinic
Date:

Appx 'B'
(Refer to para 3(a) of Central Organisation ECHS letter No B/497701AG/ECHS dated On – 28 Oct 14

ECHS Membership No……..

APPROVAL FOR EXTENDED DURATION OF HOSPITALISATION(UP TO 60 DAYS)

Part-1 (To be filled by the Empanelled Hospital)

1. Name(Patient)..... 2. Relationship with ECHS member……

3. No ..... ……..4. Rank ..... 5. Name (Member)……

6. Hospital……
7. Diagnosis……

8. Date of admission……..

9. Extension required from ..... TO .....

10. No of days for which extension already given.....

11. No of days for which extension required .....

12. Treatment modality carried out so far .....

13. Proposed Treatment Test/Procedure..... ……..

14. Case summary to be attached (Yes/No).....

15. Whether finality of treatment has been attained. If not what is the approx time required.....
.....

16. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep……..
……

(Signature of treating Consultant) Date:

Part-II (To be filled by Technical Committee) (For Hospitalisation period between 31 days to 60 days)

17. Patient visited in the hospital on .....

18. Authenticity of treatment modality.....

19. Effect of treatment on patient recovery. .....

20. Relevance of Diagnostic Investigation……....

21. Reasons for extended stay beyond 30 days.....

22. Complication if any and likely cause…….

23. Modality or management of complication - Satisfactory/Not Satisfactory

24. Whether finality of treatment has been attained. If NOT what is the likely date of finality in treatment.....
……..

25. Recommendation/Comments of the Committee... ……

……	……..	……..
(MO)	Rep of SEMO	Rep of Stn HQ

RECOMMENDED/NOT RECOMMENDED
Jt Dir (Hosp Services)

APPROVED/NOT APPROVED
Dir Regional Centre

Appx 'C'
(Refer to para 3(a) of Central Organisation ECHS letter No B/49770/AG/ECHS dated 28 Oct 14)

ECHS Membership No .....

APPROVAL FOR EXTENDED DURATION OF HOSPITALISATION (UP TO 120 DAYS IN EXCEPTIONAL CIRCUMSTANCE
Part-1 (To be filled by the Empanelled Hospital)

1. Name(Patient)..... ..... 2. Relationship with ECHS member.....

3. No ..... 4. Rank ..... 5. Name(Member).....

6. Hospital.....

7. Diagnosis……..

8. Date of admission.....

9. Extension required from..... To……

10. No of days for which extension already given……..

11. No of days for which extension required .....

12. Treatment modality carried out so far……..

13. Proposed Treatment/Test/Procedure..... ……..

14. Case summary to be attached (Yes/No)..... ……

15. Whether finality of treatment has been attained. If not what is the approx time required.
.....

16. Signature & Stamp of Treating Physician/Consultant/Auth Hosp Rep.....
…….

(Signature of treating Consultant) Date:

Part-II (To be filled by Technical Committee)
(For Hospitalisation period between 61 days to 120 days)

17. Patient visited in the hospital on……..

18. Authenticity of treatment modality.....

19. Effect of treatment on patient recovery.. .....

20. Relevance of Diagnostic Investigation.....

21. Reasons for extended stay beyond 60 days.....

22. Complication if any and likely cause…….

23. Modality or management of complication -Satisfactory/Not Satisfactory
…….

24. Recommendation/Comments of the Committee....

……..

…….. …… ……

Tele: 25683476
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army) Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

20 Jan 2015

IHQ of MoD (Navy)/Dir EC Air
HQ (VB)/DPS
HQSouthern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

UNLISTEDCARDIAC IMPLANTS: MRI SAFE PACEMAKER AND ICDs

1. Cardiac implant rates were revised by ECHS vide their letter No B/49773/AG/ECHS/Rates/Policy dt 06 Aug 2014. Many empane resorted to filliing up appx 'A' for MRI safe pacemaker and ICDs as unlisted implants at rates many times higher than the listed cardiac implants.

2. Opinion of service cardiologist was sought in this regard which is as under: MRI safe cardiac implants specially pacemaker and ICDs have a place in modern cardiology practice, however two facts merit consideration:

   (a) Significant cost difference between conventional system and MRI safe devices.

   (b) Globally overwhelming majority of patients are still getting conventional systems and only a small minority, the MRI safe devices. There are proven technical solutions to acquire MRI images in a patient with conventional pacemaker hence the decision to use MRI safe devises must be individualized, keeping in mind the real time requirements of MRI in a given patient, possibility of using other imaging modalities like CT scan and the expected life span of the patient.

3. It is requested that all the concerned authorities in the chain of command and empanelled hospitals be appraised of the judicious use of these unlisted devices.

(Vijay Anand)
Col
Dir (Med)
for MD ECHS

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49774/AG/ECHS/Referral/2015

14 May 15

IHQ of MoD (Navy)/DGMS (N) for OIC
ECHS Air HQs (VB)/AOA/DPS
HQS SC, EC, WC, CC, NC, SWC
(A/Med) HQs WNC, SNC, SNC & ENC
HQs WAC, CAC, EAC, TC, SWAC& MC IAF

MEDICAL CARE FOR ECHS BENEFICIARIES IN REMOTE/HILLY AREAS

1. Ref this Organisation letter No B/49774-PIAG/ECHS/Referral dt 25 Apr 07.

2. The following amendments are hereby made at Para 2 of letter under reference:

(a) For

Applicable for residents of following states only:

(i) Himachal Pradesh.

(ii) Uttaranchal.

(iii) North Eastern States of Sikkim, Arunachal Pradesh, Manipur, Tripura, Nagaland and Meghalaya (less district Shillong).

(iv) West Bengal : District - Darjeeling only.

(iv) Karnataka : District - Chikmagalur and Kodagu only.

(v) Tamil Nadu : Distict - Nilgris only.

(vi) Chhattisgarh : District - Bastar and Dantewara only.

(viii) Orissa : District – Koraput and Mayurbhanj only.

(b) Read

Applicable for residents of following states only:

(i) Himachal Pradesh.

(ii) Uttaranchal.

(iii) North Eastern States of Sikkim, Arunachal Pradesh, Manipur, Tripura, Nagaland and Meghalaya (less district Shillong).

(iv) West Bengal : District - Darjeeling only.

(v) Karnataka : District - Chikmagalur and Kodagu only.

(vi) Tamil Nadu : Distict - Nilgris only.

(vii) Chhattisgarh : District - Bastar and Dantewara only.

(viii) Orissa: District - Koraput and Mayurbhanj only.

(ix) Madhya Pradesh : District - Hoshangabad only.

(VijayAnand)
Col
Dir (Med)

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B) - forinfo
please. DGMS (Navy) DGMS (Air Force)

All Regional
Centres All HQ
Area/Sub Area

UTHTSL
153/1, Above Farico Show Room -
for info. First
Floor, Old Madras Road
Halaşuru,
Bangalore
Karnataka-560
008

Internal
(Ops & Coord) Sec
Claim sec Stats & Automation Sec - for uploading the letter on ECHS website
along with our letter of even No dt 05 Apr 07.

Mil : 36833

Adjutant General's Branch
IHQ of MOD
(Army)Maude
Lines
Delhi Cantt - 10

B/49774-P/AG/ECHS/Referral

05 Apr 07

IHQ of MOD (Navy)/DGMS (N) for OIC
ECHS Air HQs (VB)/AOA/DPS
HQs SC,EC,WC,CC,NC,SWC (A/Med)
HQs WNC,SNC & ENC HQs WAC,CAC,EAC, TC,SWAC & MC IAF

MEDICAL CARE FOR ECHS BENEFICIARIES IN REMOTE/HILLY AREAS

1. Representations have been received from the environment that beneficiaries residing in remote/hilly areas face great inconvenience for getting referrals even for minor ailments from their nearest polyclinics due to distance/terrain.

2. It has been decided that ECHS beneficiaries will henceforth be permitted to avail the facilities/services of nearest Govt Health Care Centres/ Primary Health Centrel Govt Hospitals (deemed empanelled) without prior referral from the polyclinic subject to the following conditions :

(a) Distance from nearest polyclinic should be more than 50 Kms.

(b) Applicable for residents of following states only :

(i) Jammu & Kashmir.

(ii) Himachal Pradesh.

(iii) Uttaranchal.

(iv) North Eastern States of Sikkim, Arunachal Pradesh, Mizoram, Manipur, Tripura and Nagaland.

(v) West Bengal : District Darjiling only.

(vi) Karnataka : District - Chikmagalur, Kodagu only.

(vii) Tamilnadu : District - Nilgris only.

(vii) Chhattisgarh : District - Bastar and Dantewara only.

(viii) Orissa : District – Koraput only.

(C) Treatment permitted for maximum period of 07 days.

3. Parent Polyclinic will be notified of such treatment undertaken at the earliest (within two working days). Info can be sent by person/telephone/mail/fax/telegram. Parent polyclinic will generate a referral immediately on receipt of information and attach the same with the claim when received. Claims for reimbursement of expenditure incurred should be submitted to Parent Polyclinic within one month of completion of treatment. The claim will include the following-

(a) Application of claim by the member. Summary of case including diagnosis and outcome/ further advise by treating doctor/hospital to be enclosed.

(b) Photocopy of ECHS Smart Card/Regn Slip.

(c) Prescription/Clinical notes of treating doctor.

(d) Bills of medicines/investigation/treatment procedure in original duly authenticated by treating doctor/hospital, alongwith a photocopy. In cases of treatment in Govt Hospitals, consultation is normally free. Bills, therefore, would pertain to medicines and treatment /investigation charges only, as applicable.

4. The bills will be processed by Parent Polyclinic as per procedure laid down vide this HQ letter No B/49773/AG/ECHS dated 25 May 04 read in conjunction with this HQ letter No B/49773/AG/ECHS/R dt 28 Oct 04 for treatment in Govt Hospital, and payment made through cash assignment of local Station Headquarters. Sanction of Central orgainsation ECHS is not required.

5. In cases of Emergency, patients can get admitted to any hospital. Emergency bills will continue to be processed as per existing instructions. Similarly in cases where further treatment is advised by local Govt Hosp, and/or major treatment procedure is required, patient will be referred to suitable Service/Empanelled Hospital through Parent Polyclinic as per existing procedure.

(RK Kalra)
Maj Gen
For MD ECHS

Copy to :

DGAFMS/DG-3A
DGMS (Army)/DGMS 5 (B) - for info
please. DGMS (Navy)
DGMS (Air Force)

All HQ Area/Sub Area - Please disseminate the above
contents to all All Regional Centres polyclinics under jurisdiction.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS/2015

19 May 15

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

FACILITIESFOR ANTI CANCER TREATMENT

1. Ref following letters:

   (a) Central org ECHS letter No B/49773/AG/ECHS dt 10 Jan 05.

   (b) CGHS OM NO 1-1/13/Hospital Cell/R&H/CGHS (Pt.1)/CGHS (P) dt 23 Feb 15.

2. ECHS beneficiaries shall be permitted to get themselves treated at any of the undermentioned 27 (Twenty Seven) hospitals funded by the Govt of India:

   (a) Andhra Pradesh – M.N.J Institute of Oncology & Regional Cancer Centre, Hyderabad.
   (b) Assam – Dr.B. Borooah Cancer Institute, Guwahati.
   (c) Bihar-Indira Gandhi Institute of Medical Science, Patna.
   (d) Chandigarh-Post Graduate Institute Medical Education & Research, Chandigarh.
   (e) Chhattisgarh-Pt.J.J.N Medical College & Dr. B.R. Ambedkar Memorial Hospital, Raipur.
   (f) Delhi- Dr B.R. Ambedkar Institute Rotary Cancer Hospital, AIIMS, New Delhi.
   (g) Gujrat- Gujrat Cancer Research Institute, Ahmedabad, Gujrat.
   (h) Haryana- Post Graduate Institute of Medical Sciences, Rohtak.
   (j) Himachal Pradesh-Indira Gandhi Medical College, Shimla.
   (k) Jammu & Kashmir-Sher-i-Kashmir Institute of Medical Sciences, Srinagar.
   (l) Jammu & Kashmir-Government Medical College-Jammu.
   (m) Karnataka-Kidwai Memorial Institute of Oncology, Bangalore.
   (n) Kerala-Regional Cancer Centre, Thiruvananthapuram.
   (o) Madhya Pradesh-Cancer Hospital & Research Institute, Gwalior.
   (p) Maharashtra-Rashtrasant Tukdoji Regional Cancer Hospital & Research Centre, Nagpur.
   (q) Maharashtra-Tata Memorial Hospital, Mumbai.
   (r) Manipur- Regional Institute of Medical Sciences, Imphal.
   (s) Mizoram- Civil Hospital, Aizwal.
   (t) Odisha-Acharya Harihar Regional Cancer Centre, Cuttack.
   (u) Puducherry-Jawaharlal Institute of Postgraduate Medical Education & Research.

(v) Rajasthan- Acharya Tulsi Regional Cancer Treatment & Research Institute, Bikaner.
(w) Tamil Nadu-Govt. Arignar Anna Memorial Cancer Research Institute & Hospital, Kancheepuram.
(x) Tamil Nadu – Cancer Institute (WIA), Adyar, Chennai.
(y) Tripura- Civil Hospital, Agartala.
(z) Uttar Pradesh - Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow.
(aa) Uttar Pradesh-Kamla Nehru Memorial Hospital, Allahabad.
(ab) West Bengal-Chittaranjan National Cancer Institute, Kolkata.

3. The reimbursement will be as per the rates fixed in the cancer centre/CGHS rates whichever is lower Tata Memorial Hospital rates 2012 as intimated would apply for onco surgery.

4. Follow up treatment from the same centre where permission has been granted earlier for cancer treatment is permissible.

5. Facilities for drawing of medical advance as per laid down procedure will also be available for treatment at these Centres.

(VijayAnand)
Col
Dir(Med)
for MD

Copy to :

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy) - forinfo.
DGMS (Air Force) (Med-7)

AllRegionalCentres
UTI-ITSL
153/1, Above Farico Show Room - forinfo
First Floor, Old Madras Road
Halasuru,Bangalore
Karnataka-560 008

Internal
(Ops & Coord) Sec
Claim Sec Stats & Automation Sec - for uploading the letter on ECHS website.

Tele : 011-25683476
Mil : 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
New Delhi-110010

B/49774/AG/ECHS/Referral/2015

01 Jun 15

HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South Western Comd (A/ECHS)
HQ Andaman & Nicobar Comd (A/ECHS)
IHQ of MoD (Navy) / Dir ECHS (N)
Air HQ (VB) DPS / D Fin (P)

REFERRALS TO EMPANELLED HOSPITALS

1. It has been brought to the notice of this HQ that some contractual doctors employed in ECHS Polyclinics are issuing referrals to patients as per advice of the empanelled hospital specialists, without checking whether the procedures are listed / unlisted.

2. This results in the AFV undergoing a procedure in the empanelled facility and the subsequent claim raised to by empanelled hospitals has deductions as no prior permission was taken by the empanelled facility for the unlisted procedure (i.e Appendix A).

3. The doctors in the Polyclinics should be sensitized and familiarized with this issue and advised to issue referral for management of the disease and not for procedures e.g for cholelithiasis with ovarian cyst issuing referral for Lapcholecystectomy & Lap Cystectomy. This is mostly seen in referral from non mil polyclinics which are allowed direct referrals to the empanelled hospitals.

4. Please issue necessary instructions to the ECHS Polyclinics under your AOR.

(VijayAnand)
Col
Dir (Med)
for MD ECHS

Copy to:

———————— - For necessary action please.

(All Regional Centres ECHS)

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines Delhi Cantt -110010

B/49778/AG/ECHS/PA/Ruling

03 Feb 2017

(_____)
All Regional Centres

CLARIFICATIONS ON PRIOR APPROVAL FOR UNLISTED PROCEDURE/TESTS/IMPLANTS

1. Please ref our letter No B/49778/AG/ECHS/PA/Ruling dated 28 Jun 2011.

2. It has been observed with concern that the empanelled hospitals/diagnostic centres are still forcing /coercing the ECHS beneficiaries/ their kin to run around and obtain prior
onus of obtaining the same rests with the empanelled medical facility. The guidelines as mentioned at letter under reference will be enforced by each Regional Centres ECHS. A revised Appx 'A' enclosed (form for approval) would ensure speedy approvals and correct endorsement on the form.

3. The case summary to be attached with the form (ref para 10 of Appx) should bring out the necessity of the procedure/tests and that no alternate listed procedure is available. In case of implants, the breakup cost of each component be mentioned. The contact details of the empanelled hospital specialist be endorsed for seeking clarifications if necessary by SEMO/Service Specialist.

4. The instructions for cardiac procedures/implants/stents are outlined in our letter No B/49773/AG/ECHS/Rates/Policy dated 12 Jan 2016 (Copy encl).

5. The above instructions be disseminated to all empanelled hospitals, SEMO's and ECHS Polyclinics in your AOR.

(IVS Gahlot)
Col
Dir (Med)

Encls: As above including revised appx 'A'.

Copy to:

IHQ of MoD(Navy/Dir ECHS(N) Air
HQ (VB)/DPS
HQ South Comd (A)/ HQ East Comd (A) - forinfo please
HQ West Comd (A)/ HQ Cent Comd (A).
HQ North Comd (A)/ HQ South West Comd (A)
HQ Andaman & Nicobar Comd (A)

Internal

Ops & Coord, P & FC, Claim Sec - for info.
Stats & Automation Sec - for uploading on ECHS website.

Appx 'A'

(Refers to Para 6 of Central Organisation ECHS letter No B/49778/AG/ECHS/PA/Ruling dt 03 Feb 2017)

ECHS Membership No ……

APPROVAL FOR UNLISTEDPROCEDURE/TEST/IMPLANTS AT ECHS EMPANELLED HOSPITAL

Part-I (To be filled by the Empanelled Hospital)

1. Name (Patient) .....2 Relationship with ECHS Member

2. No …….. 4. Rank ..... 5 Name(Member).....

6. Hospital……...

7. Diagnois……..

8. Propsoed Treatment Procedure/Test/Implants ……...

9. Estimated Cost (Rs) ..... (in words).....

10. Case summary including investigation report (as on reverse /attached).

11. Date .....12. Signature & Stamp of Treating Physician/Consultant
Tele No: .....

PART-II ENDORSEMENT BY OICPOLYCLINIC

'13. Received on (date) at (Time) and forwarded to SEMO on

(OIC Polyclinic)

PART-III (To be filled by the SEMO/SMO/PMO/CO (INHS)*

14.* FORWARDED FOR OPINION OF SERVICE SPL/ ADV……..HOSP ……

……

Date..... 16. Place..... 17. Signature & Stamp of SEMO rep/ MOIC Stats section

PART-IV (OPINION OF SERVICE SPECIALIST/ SENIOR ADVISOR)

18. Remarks ..... ……. ……

(Signature & Stamp)

APPROVED/NOT APPROVED (MANDATORY)

19. Date ..... 20. Place ..... 21. . Signature with stamp (SEMO/SMO/PMO/CO(INHS)]

Case Summary

Note:

1 . Empanelled Hospital will forward this form directly to the OIC Polyclinic. Necessary case summary alongwith investigation reports will be enclosed by the Hospital. The case summary
should bring out the necessity of the procedure/tests and that no alternate listed procedure is available. In case of implants, the breakup cost of each component be mentioned. The contact details of the empanelled hospital specialist be endorsed for seeking clarifications if necessary by SEMO/Service Specialist.

2. SEMO will fwd the case summary & documents directly to the service specialist (if required) with recommendations.

3. In emergencies, the hospital may proceed with the treatment/test/ procedure and justify the case in discharge summary.

ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

12 Jan 2016

IHQ of MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command(A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

AMENDMENT TOREVISION OFCEILING RATES FOR CARDIAC IMPLANTS

1. Ref this office letter No B/49773/AG/ECHS/Rates/Policy dt 06 Aug 2014.

2. Para 5 of the above quoted letter is amended as follows:

For: "Prior approval as per procedure outlined in Central Organization ECHS letter No. B/49778/AG/ECHSIPA/Ruling dt 28 Jun 2011 will be followed: The reimbursement will be limited to the ceiling rate or actual, whichever is less.**"**

Read: :"Prior approval as per procedure outlined in Central Organisation ECHS letter No B/49778/AG/ECHS/PA/Ruling dt 28. Jun 2011 will be followed. However, för:

(a)	Cardiac procedure listed	- No approval reqd.
(b)	Cardiac procedure unlisted & Implants (listed &unlisted)	- Prior approval of service Cardiologist

3. The guidelines for coronary/vascular stents will be as mentioned at para 4 of our letter No B/49773/AG/ECHS/Rates/Policy. dt 26. Apr 2013...

4. This office letter No B149773/AG/ECHS/Rates/Policy dt 17 Dec 2015 is hereby cancelled.

(Vijay Anand)
Col
Dir(Med)
for MD ECHS

Copy to:-

MoD (DoESW). for info please

DGAFMS-DG-3A DGMS (Army)
DGMS-5(B) 1
DGMS (Navy)/Dir. ECHS (Navy)
DGMS (Air Force) (Med-7),

for info please.

.
.

Office of the CGDA - for info please.
Ulan Batar Road Palam,
Delhi Cantt-10

UTHTSL
1533/1, Above Farico Show Room - forinfo.
1st Floor, Old Madras Road .
Halasuru,Bangalore,..
Karnataka-560008

_____ - Request confirm receipt and ensure action.
All Regional Centres ..

Internal

Ops & Coord, P& FC, Claim Sec - for info
Stats & Automation Sec . - for uploading on ECHS website,

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS

21 Nov 16

All Regional Centres

ADVISORY:WAIVERS/SANCTIONS AT CENTRAL ORG ECHS

1. Refer Central Org ECHS letter No B/49770/AG/ECHS dated 09 Jun 2015.

2. It has been observed that request for obtaining of waiver/sanction is being forwarded to Central Org ECHS, without proper scrutiny and full justification at RC's level.

3. Moreover, it has been noticed that AFVs are directly corresponding with Central Org ECHS for waiver/sanction without following proper channel through respective Polyclinic/Regional Centre's.

4. In view of the above, it is requested that henceforth, all the request for obtaining waiver/sanction should be forwarded to this HQ with full justification for waiver/sanction by; JD (HS) and duly recommended by Dir RC ECHS alongwith a standard format enclosed as per Appx to this letter.

5. Submitted for strict compliance.

(IV Gahlot)
Col Dir
(Med)
for MD ECHS

Encls : As above.

Internal

(Ops & Coord) Sec Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Appx

(Refer to para 4 of Central Organisation ECHS letter No B/49770/AG/ECHS dated 21 Nov16)

REGIONAL CENTRE ECHS :

1. Claim ID -
2. Patient Name -
3. Name of ESM -
4. ECHS Membership/Card No -
5. Diagnosis -
6. Procedure Performed/advised -
7. Name of Hospital (Empanelled/Non empanelled) -
8. Treatment Period -
9. Emergency is justified/Not justified -
10. Type of claim (Hospital/Individual) -
11. Justification and recommendation of Jt Dir (HS) -

(Sig of JD (HS)

12. Recommendation of Dir (Regional Centre) -

(a) Waiver for not taking EIR within 48 hrs.

(b) Waiver for not submitting the claims within the stipulated period.

(c) Prior sanction of MD ECHS as applicable.

(Sig of Dir RC)

Tele: 011-25683476
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant Generals Branch
Maude Line
Delhi Cantt - 110010

B149770/AG/ECHS/Policy

23 Mar 17

All Regional Centre ECHS

ADVISORY ON WAIVERSANCTION

1. It has been observed that many Waiver/Sanction cases are received at Central Organisation ECHS without Emergency Certificate of the treating Hospital.

2. Emergency certificate of the treating Hospital is an important and mandatory document which specifies that treatment was given to the beneficiary in his critical condition and as a life saving measure.

3 Kindly note for strict compliance in future.

(RaviPalKapoor)
Lt Col
Jt Dir (Med)
For MD ECHS

Tele: 25683476
Mil 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
DelhiCantt-110010

B/49771/AG/ECHS/Emp/Policy

19 Apr 17

IHQ of MoD (Navy/Dir ECHS (N)
Air HQ (VBV) DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

IMPLEMENTATION INSTR: EMPANELMENT OF PROSTHETIC CENTRES OF OTTOBOCK AND ENDOLITE

1. Refer:

(a) GOL/MoD letter No 22B(02)/2015/US(WE) dated 09 Oct 15.

(b) GOLVMOD letter No 22B(01)/2016-WE/D(Res) Part-II dated 03 Nov 16

(c) MoD ID No 22B(02)/2017/WE dated 27 Feb 17

(d) Note to Para 78 of Appx V of RMSAF 2010.

(e) GOI/MoD letter No 43764/DGAFMS/DG-10/1453/09/D(Med) dt 23 Jan 14

(f) Cent Org ECHS Letter No B/49773/AG/ECHS dated 05 Apr 04

(g) CGHS OM No S11011/25/2014-CGHS(P) dated 08 Jul 14.

2 Further to our letter under reference 1(f) prosthetic centres of Ottobock and Endolite have been empanelled with ECHS vide GOI/MoD letter under reference 1(b). The guidelines have been framed for prescription, empanelment rates for repair and issue of prosthesis and orthotic and mobility appliances by the empanelled prosthetic centres of Ottobock and Endolite which follow in succeeding paragraphs. Words importing the singular also include the plural and vice versa where the context so requires. Words importing one gender also include other gender

3 **Empanelment.** Each Prosthetic Centre empanelled vide letter under reference 1) will sign a MOA with respective Regional Centre as per authorized format for empanelled hospitals alongwith addendum (Online Billing). Annexure 2 (Rates) to the MOA will be as per format attached as Appendix to this letter PBG will be same as auth for other facilities as per city concerned

4. **General conditions.**

(a) Fitting of prosthesis is a planned procedure so all the fittings/ repairs will be carried out only after referral from concerned polyclinic

(b) Keeping in view the physical growth into consideration, individuals upto 12 years of age will be considered as children for the purpose of these guidelines in general.

(c) The appliances will be allowed for re-issue on completion of Five years in case of adults and Two years in the case of children

(d) In the first-time fitting post amputation the amputee will be issued with TWO prostheses as per procedure given in para 7 (c)&(d). The first prescription will be as per the determined activity level of the amputee. The second prosthesis is intended to be a standby prosthesis

(e) Empanelled prosthetic centre will ensure 'correct manufacture, fitting, training and issue of the limbs and appliances and maintain standardization and quality assurance in respect of all devices manufactured/ issued by them. All warranties as applicable to their non ECHS clients shall be applicable to ECHS beneficiaries.

5. **Referral Procedure.**

(a) Referral will be issued by Polyclinic to prosthetic centre of AFV's choice for all cases of initial fitting, review fittings, renewal fittings and repair on per visit basis. Prescription / endorsement of specialist concerned will be required as per table below:

S No	Fitting Type	Specialist endorsement No
1.	Initial fitting of the appliances (prosthetic and orthotic)	Physical Medicine and Rehabilitation (PMR) specialist or Orthopaedic surgeon or Prosthetic Surgeon of ALC, Pune or ALC subcentres or Professor/Senior Specialist working in any Govt hospital in the specialties of Physical Medicine and Rehabilitation (PMR) or Prosthetic surgery:
2.	Second/ renewal Fittings	Noendorsement required. However, there will be no deviation from the prior prescription unless auth by S No 1 above,
3.	Level 4 prosthesis	S No 1&2 above AND Sustained injury or undergone amputation attributable to military service
4.	Level 4 Sports prosthesis	S No 1&2 above AND Participation at the State level sport activities duly certified by the competent Sports Authority
5.	Repair	
	(a) Replacement of major components likesocket, joints and/or foot	Service Prosthetic surgeon/ Orthopaedic surgeon/ Surgeon and approved by SEMO as per para 5 (b) below
	(b)Minor repairs and replacements of consumable items	No endorsement required.

(b) If any major component, like socket joints. foot etc becomes unserviceable within five years (two years in case of children) of fitment assessment will be made regarding possible neglect on a case by case basis by Service Prosthetic surgeon / Orthopaedic surgeon/ Surgeon and approved by SEMO. Unserviceable component will be replaced with an equivalent part by OEM/ prosthetic centres. If within warranty, warranty clauses will apply. If not in warranty, bills will be paid as per para 10,11&12 below. If the damage is suspected to be due to neglect or tampering, the decision to replace with an equivalent part will be liability of the AFV

Prescription.

6. There is no discrimination as regards gender, rank or whether AFV om dependant. However, older retd pers are likely to have a lesser assessed activity level as compared to younger dependants.

7 The following procedure will be followed for arriving at a suitable prescription

(a) Detailed history and relevant examination will be done and documented. Each amputee will be specifically assessed as regards the criteria in annexed guidelines.

(b) All amputees will be counseled about the procedure and the prosthesis. Prescription will be made once the patient is considered fit for prosthetic fitment Guidelines are enclosed as Annexure to this document.

(C) In continuation with para 4(d) ibid, the first-time fitting post amputation the amputee will be issued with one prosthesis. The first prescription will be as per the determined activity level of the amputee. The amputeewill be trained in usage of the prosthesis and also provided the scheduled gait trg till he is satisfactorily trained in use. He will be advised review after 6 months for issue of second prosthesis. Any issues with the first prosthesis, including altered socket fit will be addressed during this visit.

(d) The second prosthesis is intended to be a standby prosthesis. The activity level of the amputee will be reassessed at the second visit and each subsequent visit.

(i) In case the activity level remains unchanged the second prosthesis will be of one level below the previously determined activity level. CE)

(ii) In case the individual is of Level 1 activity then both the prostheses will be of this level.

(iii) In case the activity level has improved since last assessment. the second prosthesis will be of the improved activity level in such case the first issued prosthesis will be his standby prosthesis

(iv) in case the amputation was sustained more than 6 months previous tothe visit and the stump has stabilized or if the amputee is an existing prosthetic user coming for first time to ALC/ ALSC/ prosthetic centre, the two prostheses may be issued at the same instance,

(V) The various activity levels have been covered in the guidelines attached

(e) Suitable accessories and ambulatory aids will be prescribed as required. In order to avoid damage to prosthetic foot it is advisable to wear a shoe over the same.

(f) All Syme's amputees will also be provided with one Elephant boot, to be renewed once every two years.

8. The amputees will be advised review one year after issue of second prosthesis and two yearly thereafter. They may report to ALC/ ALSC/ Prosthetic centre earlier in case they face any difficulty in the prosthetic usage. All review will be on referral from polyclinic.

9. The type of Orthotic fittings, Upper limb prescription and mobility aids will be decided by Service Prosthetic surgeon where available/ Orthopaedic surgeon/ Surgeon.

Rates / Charges payable.

10. **Component Cost: 30% discount** on list price of each component will be payable. However, prosthetic centres will have to certify in their bills list price, discount and final price. The bill should also include a Fall Clause saying that the items have not been charged more than rates at which supplied to ALC. Pune/ ALSCs. Applicable Service Taxes/ GST will also be reimbursed on the discounted price

11. **Making Charges for new Limb/initial fitting:** Making charges as specified by DGAFMS and enumerated below will be applicable to Ottobock and Endolite prosthetic centres Component cost will be paid by ECHS at rates in Para above.

S No	item	Charges
1	Through Hip Prosthesis	14530
2	Through Knee Prosthesis	14850
3	Through Knee Prosthesis with Pedilin	15530
4	Above Knee Prosthesis	14850
5	Spring light Prosthesis	3500
6	BE Prosthesis	1790
7	AE Prosthesis	5020

12. **Repair Charges.** Repair charges will be paid as per RMSAF 2010 at actual in addition to component cost of material used. Component cost will be paid by ECHS at rates in Para above. However, the total repair bill will not exceed 50% of total cost of a new limb of similar specifications manufactured by the centre/ OEM. Repair cost more than 50% will have to be processed as for issue of a second/ renewal of limb as per para 5 ibid

13. Initially for a period of one year-all bills of Ottobock and Endolite will be processed at CFA level of COECHS.

14. These instructions and rates shall take effect from the date of issue of this letter. The provisions of Para 9(e) of GOI/MoD letter No 24(08)/03/ US(WE) D(Res) dated 19 Dec 13 will continue to remain effective. This letter is issued with approval of competent authority empowered vide GOI/MoD letter No 22B (01)/2016-VE! D(Res) Part-II dated 03 Nov 16.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Enclosures:
Annexure: Prescription Guidelines
Appendix: Format for Annex 2 of MOA

Copy for information to:
DoESW, MoD

DGAFMS-DG-3A, M Block
DGMS (Army)/DGMS-5(B), L Block
DGMS (Navy)/Dir ECHS (Navy) DGMS
(Air Force) (Med-7)

Copy for action to:

All Regional Centres	-	Request confirm receipt and ensure action
	-	for info of PCDAs and CDAs please
Office of the CGDA Delhi Cantt-10	-	for info and processing of all bills of Endolite and Ottobock at COECHS CFA level
UT-ITSL Bangalore		
Otto Bock Healthcare India Pvt Ltd	-	Alongwith copy of GoI letter dated 03 Nov 16
20h Floor, Express Towers, Nariman Point, Mumbai 400021	-	Request sign MOA at the earliest
Endolite India Ltd	-	Alongwith copy of Golleiter dated 03 NOV 16
A4 Naraina Industrial Area, Phase 1, New Delhi 110028		Request sign MOA at the earliest

Internal

Ops & Coord. P&FC, Claim Sec
Stats & Automation Sec for uploading of said letier on ECHS website

Annexure to B/49771/AG/ECHS/
Emp/Policy dated 19 Apr 17

LOWER LIMB PROSTHETIC PRESCRIPTION GUIDELINES

1 The aim of these guidelines is to define the prescription of prosthetics to various lower limb amputees so that a rational and scientific use of components is made to benefit the patients and the state. These guidelines have been formulated based on prescription criteria of ALC, Pune

2 Each prescription is a specific combination of components, carefully individualized to the patient based on the following criteria.

(a) **Clinical aspects** level of amputation, length of stump, condition of stump, wounds/ sinuses if any, tenuousness of skin cover, tender scars, bony prominences, neuroma if any, range of motion and strength of proximal joints, patient weight, upper limbcontrol (to don the prosthesis safely, independently and with ease), cognition (ability to understand safe usage of prosthetics), state of contralateral limb, and co-morbidities.

(b) **Anticipated/ aspired activities and motivation** - To be assessed vis a-vis past activity status. Though possible, a previously sedentary person is less likely to undertake high activity post amputation An ill-motivated person is less likely to obtain and use the benefits of higher activity prostheses

(c) **Occupation** - indoors/ outdoor job extent/ duration of walking/ standing.

(d) **Anticipated environment of work** - A farmer is more likely to need at least one exoskeletal prosthesis.

(e) **Overall activity level** - assessed as Levels 0 - 4.

Level O. Non user - Individual with no ability to undertake prosthetic aided anbulation such as one with paralysis, multiple limb loss, severe contractures, etc. May only use prosthesis for cosmetic purposes/ performing transfers:

Level 1. Indoor user - Individual with mobility limited to indoors, walking on flat surfaces for short duration and distances May have limitations due to limb weakness multiple limb loss cardiovascular illness or other co-morbidities

Level 2. Limited outdoor user - Limited mobility outdoors, negotiating low obstacles. Walking distance and duration limited May have limitations due to cardiovascular or other co-morbidities,

Level 3. Unrestricted outdoor user - Normal day-to-day Work related activity, negotiating varied urban terrains: walks with vaned speeds. Unrestricted duration, distance But not rigorous use

Level 4. Normal Unrestricted outdoor user. Individual has rigorous demands has higher functional activity either professional D recreational. Undertakes leisure/recreational sports/fitness activity

Level 4S (Sports). Competitive sports activity needing sports specific prosthetics - Individual has higher functional activity either recreational or competitive. Needs one or more components specific to the activity

3. Type of prosthesis to be prescribed.

(a) Chopart Amputation including Midtarsal, TNCC (Calcaneum. Talus retained)

LEVEL	FOOT
Level 0	Nil/ Surgical sandals
Level 1	Surgical Boot with filler
Level 2	Partial food prosthesis
Level 3	Chopart Carbon foot plate/ Ottobock Springlite Chopar Foot
Level 4	Chopari Carbon foot plate/ Otobock Springlite Chopart Foot
Level 4S	Chopart Carbon foot plate/ Ottobock Springlite Chopart Foot

(b) **Syme's Amputation including Standard, Pirigoff(Vertical Transcalcaneal) and Boyd (Horizontal Transcalcaneal)**

LEVEL	FOOT
Level 0	Elephant Boot/ Surgical Sandals
Level 1	Elephant Boot
Level 2	Carbon Light foot
Level 3	Chopart Foot Proted/ Prosymes foot
Level 4	Chopart Carbon foot plate/ Prosymes foot
Level 4S	Chopart Carbon foot plate/ Prosymes foot (Choose one category higher).

(c) Transtibial Amputation

LEVEL	FOOT
Level 0	Ranger/ SACH Plus
Level 1	Ranger / 1M10 Adjust
Level 2	Navigator / 1010 Terion
Level 3	Espirit/ Trias
Level 4	Elite / IC64
Level 4S	Blade XT/C-Sprint

(d) Transfemoral Amputation

LEVEL	KNEE JOINT	FOOT
Level 0	4541/3R17	Ranger/ SACH Plus
Level 1	Needslock -4541/3R17 Needs stability - 4541/3R20	Ranger / 1 M10 Adjust
Level 2	Needslock -453S/3R17 Needs stability - 453S/3R78	Navigator / 1010 Terion
Level 3	EM5500/3R106	Espirit/ Trias
Level 4	Mercury Higher Activity / 3R80	Elite / 1064
Level 4S	Mercury Higher Activity/ 3S80	Blade XT/C Sprint

(e) Knee Disarticulation

ACTIVITY LEVEL	KNEE JOINT	FOOT
Level 0	4523/3R23	Ranger/ SACH Plus
Level 1	Needs lock - 4523/3R23 Needs stability - 4523/ 3R21	Ranger / 1 M10 Adjust
Level 2	Needs lock - 4S21/EMS200/EMS400/ 3R23 Needs stability - 4521/ EMS200/ EMS400/ 3R78KD	Navigator / 1C10 Terion
Level 3	EMS500/ 3R106KD	Espirit/ Trias
Level 4	KX06 / 3R80	Elite / 1C64
Level 4S	KX06/3S8D	Blade XT/ C-Sprint

4. Upper Limb prosthesis: In case of bilateral Upper Limb amputation Externally powered / Myoelectric prosthesis may be prescribed for one side and body powered prosthesis/ Passive prosthesis for the other side.
5. **Suspension:**

(a) PTB suspension sleeve/ Strap for Level 0-2 Transtibial users
(b) PTSsuspension sleeve/ Strap where good condylar definition and appropriate stump length and cylindrical shape is available

(c) PTS/ PTB/ sport locking liner for Level 3/ 4 users depending on stump shape, length, skin cover and

environment (d) Sweat management /Guardian Transtibial liner with Suction valve for sports prosthesis

(e) AKDT/ELDT/ PSDT Liner with shuttle lock for short stumps where need for better suspension exists

(f) AK Suction socket /TES belt where the user has a good stump definition and desires secure suspension
(g) AK Suspension sleeve if stump is long/ TK with good bony hold. Else socket will have rotational instability

(h) AKDT/ PSDT liners can be used in Transfemoral cases too. ELFR liners are needed in users not needing shuitle lock, such as long stump with subnormal skin.

Appendix to B/49771/AG/ECHS/ Emp/Policy
dated 19 Apr 17

Annexure 2 to MoA (Refer to Para 8 of MOA)

RATES

1 Notwithstanding anything mentioned in MOA, the rates agreed upon for provision of prosthesis, orthotics and mobility aids by said prosthetic centre shall be

(a) **Component Cost: 30% discount** on list price of each component plus Service Taxes/ GST.

(c) **Making Charges for new Limblinitial fitting** enumerated below.in addition to Component cost

S No	Item	Charges
1	Through Hip Prosthesis	14530
2	Through Knee Prosthesis	14850
3	Through Knee Prosthesis with Pedilin	15530
4	Above Knee Prosthesis	14850
5	Spring light Prosthesis	3500
6	BE Prosthesis	1790
7	AE Prosthesis	15020

(C) **Repair Charges.** At actuals in addition tocomponent cost of material used. However, the total repair bill will not exceed 50% of total cost of a new limb of similar specifications manufactured by the centre/ OEM.

2. **Special Conditions:**

(a) Repair cost more than 50% will have to be processed as for issue of a second/ renewal of limb.

(b) **Billing:** Prosthetic centres will certify in their bills list price, discount and final price. The bill should also include a Fall Clausė saying that the items have not been charged more than rates at which supplied to ALC. Pune/ ALSOs. Prosthetic Centres will follow the relevant policy letters on billing for submission of requisite documents duly signed by Veteran.

(C) If any item has been supplied to ALC Pune at price lower than billed price then the ALC price shall be payable. Excess if any paid will be recoverable from future bills.

(d) Applicable warranties for components, prosthesis is attached.

Prosthetic Centre Regional Centre

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army) Maude Lines
Delhi Canti-110010

B/49770/AG/ECHS/Policy

23 Jun 2017

IHQ of MoD(Navy/Dir ECHS(N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centre ECHS

ECHS CARE AND PRIORITY TO WAR WOUNDED/BATTLE CASUANTY VETERANS

1. War wounded and battle casualties form a very distinguished class of veterans. Appropriate modalities have been promulgated by the office of DGAFMS vide their letter No 16307/14(d)/DGAFMS/DG-3A dt 09 May 2013 (copy encl), however, matching implementation on ground needs to be re-inforced.

2. Our Health Care Establishments including all ECHS Polyclinics must adopt the following modalities:
(a) Special earmarked counters/outlets/queues for War wounded/Battle casualty veterans in OPDs, Dispensaries etc. (b) In case special counters/outlets/queues are not possible due to functional/ procedural/technical constraints, appropriate norms be followed to attend war wounded/battle casualty veterans out of turn.

3. Appropriate signage be placed at all places to this effect.

(IVS-Gahlot)
Col
Dir (Med)
for MD ECHS

Encl: One.

Copy to:

O/o DGDCW	-	for info alongwith a copy of above mentioned letter,
DGAFMS-DG-3A	-	Request pass instructions through med channels as well.
DGMS (Army)/DGMS-5(B)		
DGMS (Navy)/Med-II		
DGMS (Air Force)/Med-5	-	2. This assumes more significance in view of year 2018 having been declared as 'Year of the War Disabled'.

Internal

Ops & Coord, P& FC, Claim Sec	-	for info.
Stats & Automation Sec	-	for uploading on ECHS website.

Tele: 25684847
ASCON: 36832
Fax : 25684946
Mail: diropsechs-MoD@nic.in

Central Organisation ECHS
Adjutant General's Branch
HQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

1/79701 PR/AG/ECHS

11 Oct 2014

IHQ of MoD (Navy)/PD) ECHS (N)
Air HQ (Subroto Park)/DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centre ECHS

ISSUE OF WHITEECHS SMART CARDS TOTHESPOUSES OF WAR DISABLED/BATTLE CASUALTY/DISABLED VETERANS

1. Futher to this office letter No B/29701 PR, AG/ECHS dt 04 Jun 2010, B/49711/AG/ECHS dt 29 Mar 2011 and B/40701 PR/AG/ECHS dt 12 Dec 2013

2. Many of war disabled/battle casualty/disabled veterans are unable to visit the ECHS Polyclinics and their spouses are required to attend in their place to procure the requisite medicines and seek doctor's advice. Some of them are required to wait long hours. Many of these spouses cannot afford to leave their husbands unattended and invariably take the unavoidable step of ignoring the necessary continued treatment.

3. Even when both the injured war disabled/ battle casualty/ disabled veteran and his spouse visit ECHS Polyclinic together needing to be seen by the doctor separately, the fact of immediate medical treatment is defeated when the veteran is required to wait long hours for his spouse.

4. of This becomes more important for other ranks where many spouses are illiterate and unable to Tend for themselves.

5. In view of above, it is directed that white ECHS Smart Card facility will be extended in the spouses of war disabled/ battle casualty/disabled veterans. All Polyclinics will give priority to these veterans for registration, consultation, referrals and issue of medicines.

(SanjeevSaroch)
Col
Dir(Ops & Coord)
for MED ECHS

Copy to:

Disabled War Veicranis (ludia) B6/6, Dil City
Phase 1, Gurgaon 122002

Internal

All sections

Tele: 25684847
ASCON : 36832

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Line,Delhi Cantt - 10

B/49701-PR/AG/ECHS

12 Dec 2013

(All Regional Centres, ECHS)

PRIORITYTREATMENT TO WAR DISABLED/ BATTLE CASUALTY/ PHYSICAL DISABLED AND SENIOR CITIZENS

1. Further to this office letter No B/49701-PR/AG/ECHS dt 04 Jun 2010 and B/49711/AG/ECHS dt 29 Mar 2011.

2. Instrs have been passed vide a/m letter to give due priority to war disabled/ battle casualty veterans and senior citizens in the Polyclinics, keeping in mind their old age and physical condition. However, Central Org ECHS is continuously in receipt of complaints/representations by the senior citizens and disabled veterans on not being accorded any priority.

3. All Regional Centres are directed to issue necessary instrs to the OsIC Policlinics to accord priority to such veterans and senior citizens along with their spouses during consultations, check ups and issuing medicines. It is also advised that each Regional Centre should op a 24x7 Helpline, widely publicised through various means, to redress the grievances of our veterans thereby incr the satisfaction level of our veterans/ sr citizens,

4. Copy/contents of this letter must be promulgated to all the Polyclinics functioning under respective Regional Centres ECHS.

(RKPandey)
Col
Dir(Ops & Coord)
for MD ECHS

Copy to :

IHQ of MoD (Navy)/Dir ECHS (N) Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

Disabled War Veterans (India) - for info with reference to your letter No
B 6/6, DLF City, - DIWAVE/WEL/ECHS/2013/469 dt 03 Oct
Phase-I, Gurgaon-122002 2013.

Central Organisation ECHS
Adjutant Generals branch
HQ of MoD (Army) Maude Lines
DelhiCantt-110010

B/4977/ECHS

24 Mar 2017

IHQ of MoD (Navy)/Dir ECHS (N) Air
HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

ISSUE OF WHITEECHS SMART CARD TO WAR DISABLED/BATTLE CASUALTY VETERANS

1. 2010 was decided that white ECHS Smart Card superscribed PRIORITY will be to war disabled/battle casualty/disabled veterans. The new forms for frest oradation have already been circulated for change of cards for wa /battle casualty/physically disabled veterans.

2. Categories le war disabled/battle casualty/physically disabled veterans cannot stand in queue due to their disabilities. Therefore all concerned we requested n in cse veterans for registration, consultation reffer's and used of middle.

3. The interse prority between senior citizens and veterans with disability will be decided at policlinic based on the existing medical conditions

(GulshanCharina)
J t Col
J t Dir
For MD ECHS

Tele: 011-25683476
Mil : 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Lines
New Delhi-110 010

B/49774/AG/ECHS/Referral

28 Aug 17

(All Regional Centres)

GUIDELINES FOR EMPANELLED HOSPITALS : UNDERTAKING UNAUTHORIZED TREATMENT / PROCEDURES/ SURGERIES WITHOUT VALID REFERRAL

1. Refer Para 10 of this HQ letter No B/49774/AG/ECHS/Referral dt 01 Dec 2009.

2. The empanelled hospital are required to administer the treatment to the ECHS beneficiaries as per the referral issued but it has been observed that empanelled hospitals are pe procedures / surgeries / treatment on the patient for which they have not been referred.

3. Some of the cases wherein this type of gross deviation was observed are as under :

   (a) Patient was referred for incontinence of urine urgency, radiculopathy but the empanelled facility performed TKR on the patient.

   (b) Patient was referred for abdominal pain, loose motion and uneasiness but the procedure performed by empanelled facility was Radio ablation for Vericose veins.

4. In such cases, empanelled hospitals have to seek for a separate referral as per the ibid policy. Such a deviation in administration of treatment is not in order and the bills raised against this type of unauthorized procedures / surgery performed by hospital will be rejected and administrative action will be initiated against the erring hospitals. 5. Once the automation process is 'in place', it will be possible for empanelled hospitals to seek additional referral on line', if they detect another medical ailment in the patient after examinations. 6. Hence, you are requested to instruct all the empanelled hospitals under your AoR accordingly.

(IVSGahlot)
Col
Dir (Med)
for MD ECHS

Copy to :

UTI-ITSL - For information & necessary actionplease.
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560008

Internal :

S&A - Foruploading on ECHS website.

Ops & Coord, P&FC, C&L - Fir information.

Tele : 011-25683476
Mil : 36833

Central Organisation ECHS
Adjutant General Branch
Integrated HQ of MoD (Army)
Maude Line Delhi Cantt- 110010

B/49778/AG/ECHS/Claim//Policy

30 Aug 17

(All Regional Centres ECHS)

REVISED PROCEDURE FOR PROCESSING OF WAIVERS AND SANCTIONS : ONLINE CLAIMS

1. Refs:

   (a) Our letter No B/49779/Outsourcing/AG/ECHS dt 11 Jun 14.

   (b) Our letter No B/49770/AG/ECHS dt 09 Jun 15.

   (c) Our letter No B/49779-Outsourcing/AG/ECHS dt 24 Jul 17.

   (d) Our letter No B/49779-Outsourcing/AG/ECHS dt 22 Aug 17.

2. The 'Online Bill Processing' was initiated pan India wef 01 Apr 15, for efficient and timely settlement of claims while maintaining transparency between the ECHS beneficiaries, empanelled hospitals, BPA and Central Org ECHS.

3. The existing timeline for processing of online claims is as under:

Ser No	Details	Timeline
Empanelled Hospital Claims		
(a)	Admission Intimation	Within 24 Hrs from time Admission
(b)	Online Submission of Claim	Within 04 Days from Date of Discharge
(c)	Submission of Hard Copies of Claim	Within 30 Days from Date of Discharge
(d)	Query & Need More Info Reply	Within 30 Days of Query / NMI Date
Individual Reimbursement Claims		
(e)	Admission Intimation (EIR)	Within 48 hrs from time of admission
(f)	Submission of Hard Copy	Within 30 days from date of discharge

4. However of late, it has been observed that empanelled hospitals/ECHS beneficiaries are not adhering to the stipulated timelines and also not responding to the NMI queries raised by BPA within stipulated time frame, thereby, delaying the final settlement of online claims.

5. Based on numerous requests from the environment and to streamline online bill processing, the revised procedure for processing of waivers and sanctions of online claims has been formulated and attached along as per Appx attached to this letter. The time limits for various activities have been revised as per requests from AFVs / Empanelled Hospitals / Regional Centres and are exclusive of date of discharge in respective claims. However, it is pertinent to mention that all the stakeholders to strive for speedy processing of claims and early settlement by avoiding delays, besides ensuring integrity of financial claims.

6. Following amdts are incorporated in Para 6 of this HQ letter mentioned at Para 1(d). regarding one time waiver for all NMI:

(a) **For.** One time delay condonation for late submission of physical bills and associated documents is also given whenever online bills have been uploaded.

(b) **Read.** One time waiver is hereby accorded for all NMI cases i.e, delay in intimation of admission, delay in online claim (IP&OP) submission, delay in submission of hard copy & delay in reply of NMI.

7. You are requested to disseminate the revised procedure for waivers and sanctions along with timelines to the environment for strict compliance. The above policy will be implemented with effect from 01 Oct 17.

8. This has the approval of the MD ECHS.

(Niranjan Kumar)
Brig
Dy MD
for MD ECHS

Encls : As above.

Copy to :

Office of US (WE) - For information please.

IHQ of MoD (Navy)/Dir ECHS (N) - Air HQ (VB)/DPS — For info and necessary action please.
HQ Southern Cornd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South Western Comd (A/ECHS)
HQ Andaman& Nicobar Comd(A/ECHS)

UTI-ITSL - For information and necessary action 153/1, Above Farico Show Room - as per above guidelines.
First Floor, OldMadras Road
Halasuru, Bangalore-560008

Internal

Dir (Ops&Coord), Dir (P&FC) & Dir (C&L) - For info and necessary action.

Dir (S&A) - - For uploading on ECHS website

Appx
(Refer to Central Org ECHS letter No
B/49778/AG/ECHS/Claim/Policy dt 30 Aug 17)

REVISED PROCEDURE FOR PROCESSING OF WAIVERS AND SANCTION : ONLINE CLAIMS

Ser No	Type of Activity	Procedure in Vogue (Timeline)	Revised Procedure wef 01 Oct 17	Remarks (Including Disposal of old cases)
EMPANELLED HOSPITAL CLAIMS				
1	Intimation of Admission to BPA	Within 24 Hrs from time of admission	Within 48 Hrs from time of admission (Revised Timeline)	One time waiver is accorded for all old
			Upto 30 days - Waiver by Dir RC on justification	
			Beyond 30 days - No (NO) waiver will be accorded	
2	Emergency Referral (ER) in Emergency Cases	Within 24 Hrs from time of admission	within 48 Hrs from time of admission (Revised Timeline)	One time waiver is accorded for all old cases till 30 Sep 17
			Waiver by OIC Polyclinic upto 07 days from the date of hospitalization / date of discharge whichever earlier (valid justification	
			needed)	
			Upto 30 days - Waiver by Dir RC on justification	
			Beyond 30 days - No (NO) waiver will be accorded	
3	Online Claim (IP/OP) Submission in BPA portal	Within 04 working days from date of discharge	Within 07 working days from date of discharge (Revised Timeline)	One time waiver is accorded for all old cases till 30 Sep 17
			Upto 60 days - Waiver by Dir RC on justification	
			Beyond 60 days - No (NO) waiver will be accorded	
4	Submission of Hard Copy of Claim (IP/OP) to Regional Centre	Within 30 days from date of discharge	Within 60 days from date of discharge (Revised Timeline)	One time waiver is accorded for all old cases till 30 Sep 17

			Wef 61-90 days - Waiver by Dir RC on justification Beyond 90 days - No (NO) waiver will be accorded	
5	Need More Information(NMI)	Within 30 days from date of NMI	The prevailing procedure of granting waiver at various intervals shall be discontinued wef 01 Oct 17 vide letter No B/49779-Outsourcing/AG/ECHS dt 24 Jul 17 as amended vide our letter No B/49779-Outsourcing/AG/ECHS or dt 22 Aug 17 and also a comprehensive guidelines for rejected depending upon disposal of NMI cases within stipulated time frame has been the status of the claim issued	After 180 days, claim to be settled based on available documents with deductions (if needed) or rejected depending upon the status of the claim

Ser No	**Typeof Activity**	**ProcedureinVogue (Timeline)**	**RevisedProcedurewef01 Oct 17**	**Remarks (Including Disposal ofold**
6	Intimation of Admission/ Emergency Information Report (EIR) to Polyclinic by admission in Non Empanelled Hospitals	Within 48 Hrs from time of admission	Within 48 Hrs from time of admission Waiver by Dir RC, if intimation recd within hospitalization period	OIC Polyclinic and Dir RC to ensure that no reimbursement claim remains beyond 180 days

			If delayed beyond hospitalization period upto 90 days from date of discharge, approval to be processed by DIR CW in JS (Trg) vide B/49770/AG/ECHS dt 21 Nov	
7	Submission of Hard Copy of claim to Polyclinic	Within 30 days from date of discharge	Within 90 days from date of discharge (Revised Timeline) Wef 91-180 days from date of discharge, waiver to be given by Dir RC Beyond 180 days from date of discharge, waiver to be given by Central Org ECHS	
8	Need More Information (NMI)	Within 30 days from date of NMI	There is no stage wise time restriction imposed on the individual reimbursement claims and a comprehensive guidelines for processing of Individual Reimbursement Claims has been issued vide letter No B/49779-Outsourcing/AG/ECHS dt 24 Jul 17	
GOVT HOSPITALS				
9	Treatment in Govt Hospitals	ECHS beneficiary may avail.treatment without obtaining referral from polyclinics. However, referral will only be required for the specified treatment such as Organ Treatment Surgery. Knee and delay Hip Joint Replacement, Cancer days from Treatment, Neurosurgery and Cardiac Surgery vide GoI, MoD letter No 22D(09)/2013/US(WE) / D(Res) dt 26 Jul 16	Intimation of Admission within 48 Hrs by ECHS beneficiary / NOK to parent / nearest Polyclinic Within 90 days from date of discharge - Hard copy of claim by ECHS beneficiary / dependent should be submitted at Polyclinic RC on justification for in admission intimation and referral both Beyond 180 date of discharge, waiver to be given by Central Org ECHS for delay in admission intimation and referral both	

Ser No	Typeof Activity	ProcedureinVogue (Timeline)	RevisedProcedurewef 01 Oct 17	Remarks (Including Disposal of old cases)
MISCCONCURRENCE CASES				
10.	Misc concurrence required by BPA to process theclaims, as follows: (a) Discrepancy in overlapping of admission and discharge dates. (b) Repeated admission for same ailment within short duration (c) On table procedure/additional procedure done	No policy exists	Waiver to be given by Central Org ECHS. Cases to be examined in detail by RC and fwd withdue justification and recommendation of Dir RC as per format fwd vide our letter No B/49778/AG/ECHS/ Claim/Policy dt 03 Nov 16	
SANCTIONS				
11	Approval on Appx 'A' of Cardiologist of Comd / Zonal Hospital for: (a) Unlisted procedures. (b) Cardiacimplants (listed / unlisted). documents (c) More than 02 DES and 01 BaseMetal Stent (PTCA)	Approval given by Cardiologist after physical checking of all relevant	Status quo to be maintained. However, In case of PC/RC may consider feasibility to obtain online emergency, no approval to save time and subsequently hard approval need to copy to be sent by post	In case of emergency, no approvalneedto be taken
12	OrganTransplant(Liver & Lungs)	Approvalgiven by MD ECHS	Status quo to be maintained	
13	Approval on Appx 'A' for Unlisted Procedure/Test/Implants at ECHS Empanelled Hospital	Approval given by SEMO on revised Appx 'A' as per our letter No B/49778/ AG/ECHS/PA/Rulin g dt 03 Feb 17	Status quo to be maintained	
14	Extended Hospital Admission on Appx 'A	13-30days by O/C Polyclinic	Status quo to be maintained	
15	Extended Hospital Admission on Appx 'B'	31-60 days by Dir RC	Status quo to be maintained	
16	Extended Hospital Admission on Appx 'C'	61-120days by MD ECHS	Status quo to be maintained	

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS

12 Sep 17

All Regional Centres

REVISED ADVISORY:WAIVERS/SANCTIONS AT CENTRAL ORG ECHS

1. Refer our letter No B/49770/AG/ECHS dated 21 Nov 2016

2. Revised Appx for obtaining waiver/sanction is fwd herewith.

3. Henceforth, all cases pertaining to waiver/sanction should be forwarded to this HQ with a brief summary of the case by JD (HS) justifying the case, highlighting the relevant medical reasons/points duly recommended by Dir RC with reasons/justification on points as mentioned at Serial No 16 and 17 of revised Appx.

4. The proforma must be stamped by the signatories alongwith date/unit seal.

5. For your info and necessary action please.

(RPKapoor)
Lt Col
Jt Dir (Med)
for MD ECHS

Encls : As above.

Internal

(Ops&Coord)Sec
Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Appx
(Refer to para 2 of Central Organisation ECHS
letter No B/49770/AG/ECHS dated 12 Sep 17)

REGIONAL CENTRE ECHS :

1. Claim ID -
2. Patient Name & Age
3. Name of ESM
4. ECHS Membership/Card No
5. Diagnosis
6. Procedure Performed/advised
7. Name of Hospital
8. Empanelment Status (Emp/Non Emp)
9. Treatment Period
10. Type of claim (Hospital/Individual)
11. Reason for not taking referral for Emp Med Facility
12. Reason for delayed information to ECHS Polyclinic (EIR) if admitted/treated in Non Emp Hosp
13. Emergency is justified/Not justified
14. Reason for delayed submission of physical documents for reimbursement of claim
15. Justification with brief summary for recommending the case as an emergency by JD (HS)

(Sig of JD (HS)

16. Remarks/Justification by Dir RC (For Serial No 11, 12 & 14 above) -

17. Recommendation of Dir (Regional Centre)

(a) Waiver for not taking EIR within 48 hrs.

(b) Waiver for not submitting the claims within the stipulated period.

(c) Prior sanction of MD ECHS as applicable.

(d) Waiver for not taking referral for emp medical facility.

(Sig of Dir RC)

Tele : 011-25682870
Mil : 36833

REGD BY SDS/POST
Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Line
Delhi Cantt-110010

B/49770/AG/ECHS/Treatment

06 Mar 18

(All Regional Centres ECHS)

SOP FOR ON-LINE BILL PROCESSING

1. Refer to the fwg :
   (a) SOP on online bill processing.
   (b) CGHS email dated 23 Feb 18 (not addressed to all).
2. A clarification was sought from CGHS on the policies being adopted for online b processing of empanelled hospitals.
3. The following amendments to para 67 of SOP for online bill processing to be carried out
   (a) **FOR:** Chemo Drugs Dealers invoice should be attached with the bills.
   (b) **READ :** For reimbursement of chemo drugs hospital to attach pouch/stick displaying MRP and details of drug.
4. Claims under NMI/ recommended for rejection to be processed further without invoice onco drugs.
5. This has the approval of MD ECHS.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Encls :

Copy to:

All Stn HQ - for information & necessary action

UTI-ITSL, No 1/1 Canara Bank) KSFCBhavan, Thimmaiah Road Vasanth Nagar, Bengaluru- Karnataka PIN-560052	-	For information and necessary action please. (Above

Internal:

Dir (S&A)	-	For information and necessary action/uploading on ECHS website.
Dir (Ops & Coord)		
Dir (C&L)	-	forinformation.Dir
(P&FC)		
Med(Claim Sec)		

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines Delhi Cantt-110010

B/49771/AG/ECHS/Emp/Policy

16 Mar 2018

(All Regional Centres, ECHS)

CLARIFICATION: 'STOP REFERRAL'

1. Please refer to this HQ letter No B/49717-C/AG/ECHS dated 05 Apr 2016.

2. It has come to notice of Central Org ECHS that some of the Polyclinics are still issuing Emergency Referral (ER) in respect of emergency cases admitted to those empanelled medical facilities who have been issued with 'Stop Referral by the respective Regional Centre due to malpractices / fraudulence / unethical practice / med negligence / non adherence of MOA, etc by the concerned medical facilities.

3. Primarily 'Stop Referral means stoppage of all types of referral including Emergency Referral (ER), thereby stopping cashless billing by empanelled medical facilities. Therefore, the claims of the empanelled medical facilities of any kind will not be admitted with effect from the date of imposition of 'Stop Referral'.

4. It is further clarified that Emergency Information Report (EIR) facility on individual re- imbursement basis will be applicable keeping in view the Hon'ble Supreme Court order in respect of treatment of all type of emergencies.

5. In view of the above clarification, Regional Centre Directors to issue necessary directions to all the Polyclinics under their AOR not to issue Emergency Referral (ER) for medical facilities issued 'Stop Referral'. All empanelled medical facilities also need to be intimated accordingly.

6. This is for your strict compliance please.

7. This has approval of MD ECHS.

(VS Gahlot)
Col

Internal
Ops & Coord, C&LSec
P &FC, Claim Sec, MedSec Stats &
Automation Sec

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS

17 Apr 18

All Regional Centres

REVISEDADVISORY:WAIVERS/SANCTIONS AT CENTRALORGECHS

1. Kindly refer Central Org ECHS letter No B/49778/AG/ECHS/Claim/Policy dated 30 Aug 17

2. The documents for individual claim (Waiver/Sanction) may be forwarded after checking the period (whether the reporting of EIR is correct as per serial No. 06 of the revised procedure effective wef 01 Oct 17) as mentioned in ibid letter. It may be endorsed as "EIR info verified' in Serial No. 12 of the revised proforma as per this HQ Office letter B/49770/AG/ECHS dated 12 Sep 17

3. For future compliance please.

(RaviPalKapoor)
Lt Col
Jt Dir (Med)
For MD ECHS

Internal

(Ops & Coord) Sec
Claim Sec Stats & Automation Sec - for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army) Maude Lines
Delhi Cantt-110010

B/49774/AG/ECHS/Referral/18

03 Aug 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

CHANGE IN SYSTEM OF REFERRAL: NO REFERRAL TO BE INTHE NAME OF ANY PRIVATE EMPANELLED MEDICAL FACILITY

1. Copy of GOI, DOESW letter No 18(54)/2018/WE/D(Res-1) dated 02 Aug 18 is fwd herewith.
2. Kindly instruct to all in your jurisdiction to follow the orders with immediate effect.

(RaviPalKapoor)
Lt Col
Jt Dir (Med)
for MD ECHS

Encls : As above

Copy to - DGAFMS-

DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7) - for info and necessary action,

(.....)
All Regional Centres

UTHTSL
Surabhi Arcade, 1st floor
5-1-664, Bank street, Hyderabad-500001 for info.

Internal
(Ops & Coord) Sec, Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

F. No. 18(54)/2018/WE/D(Res-1)
Government of India Department
of Ex Servicemen Welfare
D(WE)

To
Managing Director
Ex Servicemen Contributory Health Scheme
Mande Line,
Del Cantt.

New Delhi, dated 03 August, 2018

Subject: **Change in System of Referral-No referral to be in the Name of any Private Empanelled Medical Facility.**

Sir,

The undersigned is direct to state that as per the Ministry of Health & Family Welfare OM No. 215025/105/2017/DIR/CGHS/EHS dated 09.11.2017 the CGHS doctor / Government Specialist shall not refer the beneficiary to any particular empanelled hospital by name but shall specify the treatment procedure and mention "referred to any CGHS empanelled centre"

2. ECHS has to follow the CGHS Norms. However, it is seen that doctors at ECHS Polyclinics are issuing referrals by name to specific Pvt. Empanelled Medical facilities.

3. In view of the above, it has been decided by the competent authority that henceforth no ECHS doctors will issue referrals by name to any Pvt. Empanelled Medical Facility. The ECHS doctors shall mention on the prescription the treatment procedure / tests required by the ECHS beneficiary and then write as follows:

"Referred to any ECHS Empanelled Medical Facility located within the Area of Responsibility of Regional Centre, (Name of City)."

4. CO,ECHS and RC, ECHS will ensure that the list of Pvt. Empanelled Medical Facilities along with the medical treatment procedures / tests for which they have been empanelled is prominently displayed on the website of ECHS, Regional Centre wise. OIC, of every Polyclinic will be responsible for ensuring that hard copies of this list downloaded from ECHS website is kept in the Polyclinic in sufficient numbers and given to the ECHS beneficiary whenever demanded. If any change lakes place in this list, it shall be the responsibility of Director RC, ECHS concerned to ensure display of the corrected/amended list on the website of ECHS without any delay.

-2-

5 Whenever an ECHS beneficiary approaches a Pvt. Empanelled Medical Facility with such a referral from ECHS Polyclinic and the Pvt. Empanelled Medical Facility is not empanelled by Ministry of Defence (MoD) for the required treatment procedure / tests, it shall be the responsibility of the Pvt. Empanelled Medical Facility to inform the beneficiary that it is not empanelled for the required treatment procedure / tests. If any Pvt. Empanelled Medical Facility is found providing treatment procedure / conducting tests to such an ECHS beneficiary for which it is not empanelled, then apart from not reimbursing the expenses incurred by the Medical Facility on such treatment, action will be taken against the said ECHS Empanelled Pvt Medical Facility under the rules / as per the provisions of Memorandum of Agreement (MOA).

6, No ECHS Polyclinic Officer/Official/Doctor should indulge in any action for canvassing for against any ECHS empanelled Pvt. Medical Facility.

7. The above orders shall come into force with immediate effect.

(A.K.Kam)
Under Secretary to the Government of India
Tele fax: 23014946

Copy to:

1. PS to RM
2. PS to RRM
3. SO to Chief of Army Staff
4. SO to Chief of Naval Staff
5. SO to Chief of Air Staff
6. PPS to Secretary (ESW)
7. PS to JS (ESW)
8. UTHTSL
9. MoD(Fin/Pension)

Tele 25684945
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt-110010

B/49771/AG/ECHS/Emp/Policy

16 Aug 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/ DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

(.....)
All Regional Centres

PERMISSION FOR NEW LEVEL I PROSTHESIS FOR SPORTS ACTIVITIES/SWIMMING EXERCISES FOR WAR DISABLED ECHS BENEFICIARIES

1. Refer GoI MoD ID No 22B (01)/2016-WE/D(Res) Part II dated 03 Nov 16, consequent to which detailed executive instrs have been issued vide our letter No B/49771/AG/ECHS/Emp/Policy dated 19 Apr 17.

2. **Referral Procedure**

(a) Referral will be issued by Polyclinic to prosthetic centre of AFV's choice for all cases of initial fitting, review filting, renewal fitting and repair on per visit basis Prescription / endorsement of specialist concerned will be required as per table below:

S No	Fitting Type	Specialist endorsement
(i)	Initial fitting of appliances (prosthetic orthotic)	Physical Medicine and Rehabilitation (PMR) specialist or Orthopedic surgeon or Prosthetic surgeon of ALC, Pune or ALC sub centre. Or Professor/ senior specialist working in any Govi hospital in the specialties of Physical Medicine and Rehabilitation (PMR) or Prosthetic surgery.
(ii)	Second / renewal fittings	No Endorsement required. However, there will be no deviation from the prior prescription unless auth by S No (i) above.
(iii)	Level 4 prosthesis	S No () (i) above and sustained injury or undergone amputation attributable to military service,

S No	Fitting Type	Specialist endorsement

(iv)	Level 4 Sport Prosthesis	S No & (it) above and participation at the state level sport activities duly certified by the Competent Sports Authority
(v)	Repair	
	(aa) Replacement of major components like socket joints and/or foot	Service Prosthetic Surgeon/ Orthopaedic surgeon/ Surgeon and approved by SEMO as per para 2 (b) below
	(ab) Minor repairs and replacements of consumable items	No endorsement required

(b) If any major component like socket joints, foot eto becomes unserviceable within five years (two years in case of children) of fitment, assessment will be made regarding possible neglect on a case by case basis by service Prosthetic surgeon/ Orthopaedic/ Surgeon and approved by SEMO. Unserviceable component will be replaced with an equivalent part by OEM/ prosthetic centres. If within warranty, Warranty clauses will apply. If not in warranty, bills/ Repair charges will be paid as per RMSAF 2010 at actual in addition to component cost of material used. Component cost will be paid by ECHS at rates prescribed. However, the total repair bill will not exceed 50% of total cost of a new limb of similar specifications manufactured by the centre / OEM Repair cost more than 50% will have to be processed as for issue of a second/ renewal of limb as per para 2 (a) ibid. If the damage is suspected to be due to neglect or tempering, the decision to replace with an equivalent part will be liability of the AFV.

3. Lève TV Prosthesis is authorised to veterans who have sustained injury or undergone amputation attributable to Military Service

4. This office has not imposed any restriction of prescription for recommending level TV prosthesis by ALC Sub Centres (Where physically located or by Orthopaedician in other cases).

5. For necessary compliance pl.

(IVSGahlot)
Col
Dir (Med)
for MD ECHS

Copy to: -

ALC Pune

AŁCSub Centre CBHD) Base

Hospital

Delhi Cantt

Tele: 011-25682870
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Maude Line,
Delhi Cantt-10

04 Sep 2018

B/49769/AG/ECHS/Med/Policy

IHQ of MoD (Navy) Dir ECHS(N)
Air HQ (VB)/DAV
HQ Southern Comd(A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South Western Comd (A/ECHS)
HQ Andaman & Nicobar Comd (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

POLICY AMENDMENTS TO PERMIT ECHS BENEFICIARIES TO AVAIL MEDICAL FACILITIES UNDER ALTERNATIVE SYSTEM OF MEDICINES AYUSH

1. Please Refer the following:
   (a) Government of India, MoD letter No 24(8)/03US(WE)/D(Res) dated 19 Dec 2003.
   (b) Government of India, MoD (DoESW) letter No 22B(06)/2017/WE/D (Res-1) dated 08 Aug 2018 (copy enclosed) (Encl 1).

2. Medical facility under AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) can now be availed as under:
   (a). ECHS beneficiaries can avail medical facility under AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) system of medicines through Government AYUSH Hospital & Colleges / National Institute of AYUSH (list annexed- Annexure A), all Government dispensaries/District hospitals/ Sub district hospitals/PHC /CHC /Municipality hospitals that are funded by Central/State Government/Local Government and are having facility for consultation/treatment/procedures/ investigations /medicines of AYUSH system of medicines effective from 08 Aug 2018 as per GOL MoD (DoESW) letter 22B(06)/2017/ WE/D (Res-1) dated 08 Aug 2018. OPD as well as IPD treatment is allowed.
   (b). Prior permission from either of parent Polyclinic/Regional Centre or ECHS Central tenhoice of Org (Director Med) as per the own choice of ECHS beneficiary has to be taken bat in C mandatorily before taking treatment in Government AYUSH facility. Format of prior which will application & permission is at Encl 2, which will be filled in duplicate, one with individual care with for attaching with claim & second as record with PC/RC/CO ECHS.

   (c) Reimbursement can be claimed as per 'actual cost' incurred subject to the condition that they have to initially pay for their treatment and claim reimbursement for consultation/treatment/procedures /investigations/ medicines etc.

3. The details of guidelines to be followed are given as below:

(a) The permission would generally be granted except in the following conditions:

(i) If beneficiary is already undergoing treatment under Allopathic system, he/she will not be granted permission to take treatment concurrently under AYUSH system. However, beneficiary may shift to another system of medicine after stopping treatment in one system, for which permission would be granted. The choice of selecting one system of medicine to avail treatment as per their choice is entirely of the beneficiary. Permission to obtain treatment under two or more system of medicine concurrently would not be granted.

(ii) Patients seeking permission for treatment in facilities other than those Government AYUSH hospitals/facilities as specified in the GL will not be granted.

(iii) Permission for treatment for non-therapeutic purpose/procedure will not be granted.

(b) The beneficiaries will submit the Medical reimbursement claims in the prescribed format with all relevant supporting vouchers/documents in original to Parent ECHS Polyclinic. The parent polyclinic after verifying the prior permission letter for obtaining treatment and ensuring that all relevant documents are enclosed will issue a dated acknowledgement to the claimant. The ECHS Polyclinic would upload the claim online to Bill Processing Agency (BPA) UTI-ITSL after proper scrutiny and finally for approval of CFA. Validity of the permission letter would be for 03 months only. On expiry of 03 months, permission will need to be taken again.

(c) If beneficiary chooses to get treatment in a hospital/Government facility of AYUSH in a city away from his place of residence permission/ approval may be given but TA/DA would have to be borne by the beneficiary.

(d) **Submission of Bills by Claimants.** It is further clarified that bills shall be submitted to parent ECHS Polyclinic with all the supporting vouchers and relevant documents as listed below:

(i) A copy of ECHS card.

(ii) Prior Permission letter (format as per Encl 2)

(iii) E-mail address/telephone /Mobile No. for information

(iv) Bank account details where payment to be received.

(v) Individual bills with summary

(vi) Discharge summary if admitted.

(e) Processing of Bills

(i) Bills would be processed as per actual rates.

(ii) Prior permission/ approval from ECHS Polyclinics/ Regional Centres/ Central Organisation (Medical Branch) ECHS is mandatory to obtain treatment from any Central/ State Government bodies to be eligible to claim reimbursement of expenditure incurred for consultation/ treatment/procedures /investigation /medicines under AYUSH System of medicines.

(iii) Claims are to be preferred within 3 months period from the date of obtaining treatment or discharge from hospitals, whichever is later.

(iv) Cost of all medicines are reimbursable in full, except preparations classified as food, tonics, vitamins eg Cap Revital etc , disinfectants, toiletries etc. Medicines prescribed in OPD of Government AYUSH facilities would be reimbursable.

(v) The actual Cost of medicines would be reimbursable as per MRP after proper scrutiny and verification of the prescription and bills by UTI-ITSL (BPA).

(vi) Cost of treatment taken at private hospitals/facilities of AYUSH would not be reimbursed.

(vii) UTI-ITSL shall thoroughly scrutinize the claim documents for ease of uploading, Govt Hosp window will be created with option of 'AYUSH' window.

(viii) UTI-ITSLshall seek clarification if any within a maximum period of seven days of receipt of the bills.

(viii) After claim is scrutinized and processed by (BPA) UTI-ITSL, payment would be made directly to the individual claimant's account after CFA approval.

4. For your info and necessary action please.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Encls: 15 Pages

Copy to:

US(WE)
PS to JS ESW
PPS to Secy (ESW)
CGDA, New Delhi - for info

UTHTSL
Surabhi Arcade 1st Floor, 5-
1-664, Bank Street
Hyderabad-500001

O/o DGAFMS
DGMS(Army)
DGMS (Air)
DGMS(Navy)
DGDS

Internal

All Sec - for info please.
Stats & Automation Sec - for upload on ECHS Website.

Reference to Cent Org letter No. B/49769/AG/ECHS/Med/Policydated : 04 Sep 2018

Encl 2

PRIORPERMISSIONLETTER:TREATMENT UNDER 'AYUSH' (TO BE FILLED IN DUPLICATE)

1. I, No. ------ ---- Rank ---------- --- Name ECHS Card No.,---------- request for prior permission for treatment under---------- (specify which system of medicine) under AYUSH viz (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) wef ---------- from ---------- (Name of Govt Hospital) for (diagnosis/ disease).

2. From the date of prior approval, I shall not avail allopathic system of medicines any other form of treatment except the one requested and will not use concurrent Govt supplied medicines.

3. Tam voluntarily opting for alternate system of medicines.

Sign of Applicant Name
Date

Prior permission Granted/not Granted Sign

of OIC PCI JD HS at RC/ JD (Med) at CO ECHS

File No.22B(06)/2017/WE/D(Res-1)
GOVERNMENT OF INDIA MINISTRY OF DEFENCE
(DEPARTMENT OF EX-SERVICEMEN WELFARE)SENA BHAVAN, NEW DELHI

Dated 08th August, 2018

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject : To permit ECHS Beneficiaries to avail medical facilities under alternative system of medicines AYUSH.

Sir,

With reference to Govt of India, Ministry of Defence letter No 24(8)/03/US(WE)/D(Res) dated 19th Dec 2003 as amended from time to time, I am directed to convey sanction of the government for permitting ECHS beneficiaries to avail medical facility under AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) systern of medicines through Government AYUSH hospital, Colleges, National Institute of AYUSH, all Government dispensaries, District hospitals, Sub district hospitals, PHC/CHC/ Municipality hospitals that are funded by Central/State Government/Local Government and are having facility for consultation/ treatment/ procedures/ investigations/medicines of AYUSH system of medicines. Prior permission from either of parent Polyclinic/ Regional Centre or ECHS Central Organisation (Director Medical) as per the own choice of ECHS beneficiary has to be taken mandatorily before taking treatment in Government. AYUSH facility to become eligible for claiming reimbursement subject to the condition that the reimbursement will be as per actual cost incurred and that they have to initially pay for their treatment and claim reimbursement for consultation/ treatment procedures/ investigations/ medicines etc.

2. The permission would generally be granted except in the following condition.

(i) if beneficiary is already undergoing treatment under Allopathic system, he/she will not be granted permission to take treatment concurrently under AYUSH System. But beneficiary may shift to another system of medicine after stopping treatment in one system for which permission would be granted. The choice of selecting one system of medicine to avail treatment as per their choice is entirely of the beneficiary. Permission to obtain treatment under two or more systems of medicines concurrently would not be granted.

(ii) Patients seeking permission for treatment in facilities other than those Government AYUSH hospitals/ facilities as specified in the DGL will not be granted.

(iii) Permission for treatment for non therapeutic purpose / procedure will be refused.

3. The beneficiaries will submit the Medical Reimbursement Claims in the prescribed format with all relevant supporting vouchers/ documents in original to parent ECHS Polyclinic. The parent Polyclinic after verifying the prior permission letter for obtaining treatment and ensuring that all relevant documents are enclosed will issue a dated acknowledgement to the claimant. The ECHS Polyclinic would upload the claim online to Bill Processing Agency (BPA) UTI-ITSL subsequently. The claim will be further processed for clearance and reimbursement by (BPA)-UTI-ITSL after proper scrutiny and finally for approval of CFA.

4. If beneficiary chooses to get treatment in hospital Government facility of AYUSH in a city away from his place of residence permission/ approval may be given but TA/DA would have to be borne by the beneficiary:

5. <u>Processing of bills</u>

(a) Bills would be processed as per CGHS rates.

(b) Prior permission/ approval from parent ECHS Polyclinics/ Regional Central Organisation ECHS (Medical Branch) is mandatory to obtain treatment from any Central/ State Government bodies to be eligible to claim reimbursement of expenditure incurred for consultation treatment /procedures investigation / medicines under AYUSH System of medicines.

(c) Claims are to be preferred within 3 months period from obtaining treatment or discharge from hospitals, whichever is later.

(d) Cost of all medicines are reimbursable in full, except preparations classified as food tonics, vitamins, disinfectants, toiletries etc. Medicines prescribed in OPD of Government AYUSH facilities would be reimbursable.

(e) The actual cost of medicines would be reimbursed as per MRP after proper scrutiny and verifications of the prescriptions and bills by UTI-ITSL (BPA).

(f) Cost of treatment taken at private hospitals/facilities of AYUSH would not be reimbursed.

(g) Afterclaim is scrutinized and processed by (BPA) UTI-ITSL payment ani, ante would be made directly to the individual claimant after CFA approval.

(h) UTI-ITSL would thoroughly scrutinize the claim documents.

(i) UTI-ITSL shall seek clarification if any within a maximum of 7 days of receipt of the bills.

6. **Submission of bills by claimants.**

It is further clarified that bills shall be submitted to parent ECHS Polyclinic with all the supporting vouchers and relevant documents as listed below:

- A copy of ECHS card.
- Individual bills with summary
- Discharge summary if admitted in Government hospital.
- Prior Permission/ letter
- E-mail address/telephone/Mobile No.
- Bank account details where payment to be received.

7. Permission for Treatment

Apart from the PHC/CHC, Government dispensaries/District hospital/Sub district hospital/Municipality hospital under Central/ State / Local Government permission to avail treatment may be given for all the Government AYUSH hospital and colleges and National Institutes of AYUSH (as per list annexed - Annexure A).

8. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their ID. No 32(10)/2018/Fin/Pen dated 04.06.2018.

Encl. As above.

Yours faithfully

(A.K.Karn)

Under Secretary to the Govt of India

Copy to:

1. MoD (Fin/Pen)

- For dissemination to all PCDA's/CDA's

2. CGDA, New Delhi
3. JS (ESW)
4. DGAFMS
5. MD, Central Organisation (ECHS)
6. All Command HQ
7. Navy HQ (PS Dte)
8. AG Branch/CW-3
9. Air HQ (PS & R)
10. DGADS
11. D/O AYUSH, New Delhi.

Annexure-A

National Institutes under Department of AYUSH

Sr. No	Name of Institute	Address & Phone No.	State
1	North Eastern Institute of Folk Medicine	ASSA Diagnostic Centre, Pasighat, Arunachal Pradesh, Fax: 03682225243	Arunachal Pradesh
2	All India Institute of Ayurveda	Gautam Puri, Mathura Road, Sarita Vihar, New Delhi- 110076. Ph. 011-6470211, 6470213	Delhi
3	Institute of Post Graduate Teaching & Research in Ayurveda	Gujarat Ayurveda University, Administrative Bhavan, Hospital Road Jamnagar-361008, Fax: 0288-2676856	Gujarat
4	National Institute of Ayurveda	Madhav Vikas Palace, Amer Road, Jaipur-302002, Fax : 0141-2635709	Rajasthan
5	North Eastern Institute of Ayurveda & Homoeopathy	North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Mawdiangdian, Shilong-18, Fax: 03642520680	Meghalaya
6	Rashtriya Ayurveda Vidyapeeth	Dhanvantri Bhavan, Road No. 66, Punjabi Bagh (West), New Delhi 110026 Ph:011-25229753, 011-25228548 Fax011-25729753	Delhi
7	National Institute of Siddha	Tambaram Sanatoriam, Chennai-600047, Fax: 044-22381314	Tamil Nadu
8	National Institute of Homoeopathy	GE Block, Sector III, Salt Lake, Kolkata-700106, Ph-033-23370969, 23370970, Dr. GhoshMandal (Director) 09433387299	West Bengal
9	National Institute of Unani Medicine	Kottige Palya, Magadi Main Road, Bangalore-560091, Ph. 080-23584260 Fax: 080-23584180	Karnataka
10	Morarji Desai National Institute of Yoga	68, Ashok Road, Near Gole Dak Khana, New Delhi- 110001, Ph. 011-23711657, 23718301, Fax : 011-23711657	Delhi
11	National Institute of Naturopathy	Bapu Bhavan, Tadiwala Road, Pune-411001. Ph: 020-26059682/3/4/5, Fax: 020-26059131	Maharashtra

Government AYUSH Colleges

(i) Ayurveda College

Sr. No.	Name & Address of the College/ Institution	Year of Estt.	Owner Ship	Affiliation Status
(1)	(2)	(3)	(4)	(5)
ANDHRA PRADESH				
1	Dr. B.R.KR. Govt. Ayurvedic Medical College, SR Nagar, Erragada, Hyderabad-500038	1948	Government	NTR University of Health Sciences Vijayawada
2	A.L. Govt. Ayurvedic College, Industrial Colony, Luxmi Pura, Warangal-506013	1956	Government	
3	Dr Nori Ramasastry Govt. Ayurvedic College, Mahatma Gandhi Road, Vijayawada 520002 ASSAM	1942	Government	
ASSAM				
4	Government Ayurvedic College, P.O. Guwahati University, Jalukbari, Guwahati-781014	1948	Government	Guwahati University
BIHAR				
5	Government Shri Dhanwantri Ayurved Mahavidyala & Chikitsalya, Ahirouli, Buxar 802001	1972	Government	Baba Saheb Bhim Rao Ambedkar Bihar University, Muzaffarpur. Kameshwar Singh
6	Government Ayodhya Shiv Kumari Ayurveda Mahavidyalya, Begusarai 851218	1949	Government	
7	Government Ayurvedic College, Kadam Kuan, Patna-800003	1926	Government	
8	Shri Yatindra Narayan Ashtang Govt. Ayurvedic College, P.O.Champanagar, Bhagalpur-812004	1946	Government	
9	Government Maharani Rameshwari Bhartiya Chikitsa Vigyan Sansthan, Mohanpur, Darbhanga-846007	1975	Government	Kameshwar Singh Darbhanga Sanskrit University, Darbhanga
CHHATTISGARH				
10	Shri N.P.A. Government Ayurvedic College & Hospital, Raipur – 492002	1955	Government	Pt. Ravi Shankar Shukla University, Darbhanga
DELHI				
11	Ayurved & Unani Tibbia 1921 College, Ajmal Khan Road, Karol Bagh, New Delhi – 110005	1921	Government	Delhi University

Sr. No.	Name & Address of the College/ Institution	Year of Estt.	Owner Ship	Affiliation Status
GUJRAT				
12	Government Akhandanand Ayurvedic College, Bhadra, Ahmedabad – 380001	1966	Government	Gujarat Ayurveda University, Jamnagar
13	Government Ayurvedic College, Pancheswar Road, Near Gita Talkies, Junagadh-362001	1969	Government	
14	Government Ayurved College, Mahavidyalya, Ajwa Road, Baroda-390001	1966	Government	
15	Institute of PG Training & Research, Gujarat Ayurved University, Jamnagar-361001	1956	Government	
16	Sheth J.P. Government Ayurvedic College, Veduva, Panavadi Road, Bhavnagar 364001	1963	Government	
17	Sri Bala Hanuman Ayurved Mahavidyalya, At & P.O.- Lodra, Tal Mansa, Gandhi Nagar - 382835	1963	Government	
HARYANA				
18	Sh. Krishna Government Ayurvedic College, Near D.C. Residence, Umri Rd, Kurukshetra-132118	1972	Government	Kurukshetra University
HIMACHAL PRADESH				
19	Rajiv Gandhi Government Post Graduate Ayurvedic College, Paprola, Distt, Kangra-176115	1972	Government	Himachal Pradesh
KARNATAKA				
20	Government Ayurvedic Medical College, Dhanwanthari Road, Bangalore-560009	1967	Government	Rajiv Gandhi University of Health Sciences, Bangalore
21	Government Ayurvedic Medical College, Vishveshwaraiah Circle, Sayyaji Rao Road, Mysore-570021	1908	Government	
22	Taranath Government Ayurvedic Medical College, Ananthapur Road, Bellary 583101	1947	Government	
KERALA				
23	GovernmentAyurvedaCollege, Thiruvananthapuram-695001	1958	Government	University of Kerala

Sr. No.	Name & Address of the College/ Institution	Yearof Estt.	Owner Ship	Affiliation Status
24	Government Ayurveda College, P.O. Pariyaram, Kannur 670503	1991	Government	KannurUniversity, Kannur
25	Government Ayurveda College, Dhanvantary Nagar Thirpunnithura, Ernakulam - 682301	1958	Government	M.G.University, Kottayam
MADHYA PRADESH				
26	Government. Ayurved College & Hospital, New Outdoor Building, Rewa-486001	1973	Government	Awadesh P.S. Vishvavidyalaya Rewa
27	Pt. Khushilal Sharma Government Ayurved Mahavidyalya & Institute ShyamalaHill Road, NearDepo Chowk, Bhopal-462002	1995	Government	Barkatullah University, Bhopal
28	Government Ashtang Ayurveda Mahavidyalaya, Lal Bagh, Lokmanya Nagar, Indore 452009	1972	Government	DeviAhilyaUniversity, Indore.
29	Government Ayurvedic College & Hospital, Shikarpura, Burhanpur, Khandwa-450331	1958	Government	
30	Government Ayurvedic College & Hospital, Amkho, Lashkar, Gwalior-474009	1916	Government	Jiwaji University, Gwalior
31	Government Ayurvedic College & Hospital, Jabalpur-482001.	1971	Government	Rani Durgavati University, Jabalpur
32	Government Dhanwantri Ayurveda College, Mangal Nath Marg, Ujjain-456001	1968	Government	Vikram University, Ujjain
MAHARASHTRA				
33	Government Ayurvedic College, Vazirabad, Nanded-431601	1956	Government	MaharashtraUniversity of Health Sciences, Nashik
34	Government Ayurvedic College, Tuija Pur Road, Osmanabad 413501	1986	Government	
35	Government Ayurvedic College, Raje Raghuji Nagar, Umred Road, Nagpur-440024	1965	Government	
36	R.A. Poddar Ayurvedic Medical College, Dr Annie Besant Road, Worli, Mumbai-400018	1941	Government	

ORISSA				
37	Kaviraj Ananta Tripathy Sharma Ayurvedic College, A/P Ankuspur, Kukudakhandi, Ganjam-761100	1975	Government	Berhampur University
38	GovernmentAyurvedaCollege, Bolanglr-767001	1975	Goveranment	Sambalpur University
39	Gopabandhu Ayurveda Mahavidyalaya, Puri-752002	1949	Government	Utkal University, Vani Vihar, Bhubaneshwar
PUNJAB				
40	Government Ayurvedic Mahavidyalaya, Patiala - 1471001	1952	Government	Baba Farid University of HealthSciences, Faridkot
RAJASTHAN				
41	Mahamana M.M.M. Government Ayurvedic College, Ambamata Road. Udaipur	1944	Government	Rajasthan Ayurveda VishwavidyalyaJodhpur
42	National Institute of Ayurveda, Amer Road, Madhav Vilas Palace, Jaipur- 302002	1976	Government	
43	College of Ayurveda of Rajasthan Ayurvedic University, 82 Income Tax Colony, 'C' Poata Road, Jodhpur	2004	Government	
UTTRAKHAND				
44	Government Rishikul Ayurvedic College & Hospital, Hardwar 249401,	1919	Government	ShriH. N.BahugunaGarhwal University Srinagar
45	Government Gurukul Kangri Ayurvedic College & Hospital, Hardwar-249404	1922	Government	
UTTARPRADESH				
46	Government Ayurvedic College & Hospital, Turia Ganj, Sant Tulsi Das Marg, Lucknow 226004	1954	Government	Lucknow University
47	Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi 221005	1963	Government	Banaras Hindu University, Varanasi
48	Lalit Hari Government Ayurvedic College & Hospital, Pilibhit-262001.	1899	Government	Chhatrapati Shahuji Maharaj University, Kanpur
49	Swami Kalyandeo Government Ayurvedic College, Rampur, Muzaffarnagar-251001	1971	Government	

50	Bundelkhand Government Ayurvedic College & Hospital, Gwalior Road, Jhansi-284003	1934	Government	Chhatrapati Shahuji Maharaj University, Kanpur
51	Government. Ayurved College & Hospital, Atarra, Distt, Banda 210201	1955	Government	
52	Shri Lal Bahadur Shastri Memorial Government Ayurved College & Hospital, Handia, Allahabad-221504	1982	Government	
53	Sahu Ramnarain Murli Manohar Government Ayurved College & Hospital, Dhanmandi, Bareilly 243001	1966	Government	
54	Government Ayurvedic College & Hospital, Jagatganj, Varanasi- 221002	1965	Government	SampoornandSanskrit University Varanasi
WEST BENGAL				
55	J.B. Roy Government Ayurvedic Medical College & Hospital, 170-172 Raja Dinendra Street, Kolkata - 700004.	1916	Government	West Bengal University of Health Sciences, Kolkata
56	Institute of Post Graduate Ayurveda Education & Research at Shyamdas Vidya Shastra Peeth, 294/3/1, Acharya Prafulla Chandra Road, Kolkata- 700004	1976	Government	

(ii) **Unani Colleges**

Sr. No.	Name & Address of the College/ Institution	Year of Estt.	Owner Ship	Affiliation Status
(1)	(2)	(3)	(4)	(5)
ANDHRA PRADESH				
1	Government Nizamia Tibbi College, Charminar Hyderabad 500002	1938	Government	NTR University of HealthSciences, Vijayawada
BIHAR				
2	Government Tibbi College & Hospital, Kadam Kuan, Patna 800003	1926	Government	Government BR Ambedkar Bihar University, Muzaffarpur.

DELHI				
3	Ayurved & Unani Tibbia College 1921 Ajmal Khan Road, Karol Bagh, New Delhi-110005	1921	Government	Delhi University
4	Faculty of Medicine (U), Jamia 1996 Hamdard, Hamdard Nagar, New Delhi-110062.	1996	Government	Jamia Hamdard University, New Delhi
KARNATAKA				
5	Government Unani Medical College, No. 6, Appareddy Complex, 5th Cross, Bangalore 560026	1975	Government	Rajiv Gandhi University of Health Sciences, Bangalore.
6	National Institute of Unani 2004-05 Medicine, Kottige Palaya Magadi Main Raod, Bangalore - 560091	2004-5	Government	
MADHYA PRADESH				
7	Hkm. Syed Zia-ul-Hassan 1998Government Unani Medical College, Patra Parighat, Ginnori Kamla Park, Bhopal-462023	1998	Government	Barkatullah University, Bhopal
TAMIL NADU				
8	Government Unani Medical College, Arumbakkam, Chennai-600106	1979	Government	The Tamil Nadu Dr, M.G.R. Medical University, Chennai
UTTARPRADESH				
9	Ajmal Khan Tibbiya College, Aligarh Muslim University, Aligarh-202001	1927	Government	Aligarh Muslim University, Aligarh
10	Government Takmil-Ut Tib College & Hospital, Hm. Abdul Aziz Road, Jhawai Tola, Lucknow-226003	1902	Government	Shri Shahuji Maharaj University, Kanpur
11	Govt. Unani Medical College, Himmatganj, Allahabad-211016	1904	Government	

Sr. No.	Name & Address of the College/ Institution	Yearof Estt.	Owner Ship	Affiliation Status
(1)	(2)	(3)	(4)	(5)
TAMIL NADU				
1	Government Siddha Medical College, Tirunelveli Palayamkottai - 627002	1964	Government	The Tamil Nadu Dr, M.G.R. Medical University, Chennai

2	Government Siddha Medical College, Arignar Anna Government Hospital of Indian Medicine Campus, Arumbakkam, Chennai-600106	1985	Government	
3	National Institute of Siddha, Tambaram, Chennai-600106	2004-05	Government	

(iv) **Homoeopathy College**

Sr. No.	Name & Address of the College/ Institution	Year of Estt.	Owner Ship	Affiliation Status
(1)	(2)	(3)	(4)	(5)
ANDHRA PRADESH				
1	Jaisoorya Potti Sreeramulu Government Homoeopathic Medical College, Ramanthapur, Hyderabad- 500013	1967	Government	NTR University of Health Sciences Vijayawada
2	Dr. Gururaju Government Homoeopathic Medical College, Gudivada Distt. Krishna-521301	1945	Government	
3	Government Homoeopathic +Medical College, Ravindra Nagar, Post-Cuddapah-516003	1982	Government	
4	Dr. Allu Ramalingaiah Govt. Homoeopathic Medical College, Near 'Y' Junction, D.No 26-1 11, Rajhmundry, Distt. - East Godavari-533105	1969	Government	
ASSAM				
5	Dr. J.K. Saikia Homoeopathic Medical College Club Road, PO, Cinamara, Distt Jorhat 785008	1975	Government	Dibrugarh University
6	Assam Homoeopathic Medical College & Hospital, Mull Singh Road, Lakhinagar, PO Halbergaon, Nagaon- 782002	1968	Government	Guwahati University, Guwahati
7	Swahid Jadav Nath Homoeopathic Medical College & Hospital, Vill, Bagharbari, P.O.- Khanapara, Guwahati 781002	1975	Government	
BIHAR				
8	BIHAR 8. R.B.T.S. Government Homoeopathic Medical College & Hospital, P. O.- Ramna, Muzaffarpur- 842002	1958	Government	B.R. Ambedkar Bihar University, Muzaffarpur

DELHI				
9	Nehru Homoeopathic Medical College & Hospital, B-Block, Defence Colony, N.Delhi 110024	1967	Government	Delhi University
10	Dr. BR Sur Homeopathic | 1998 Medical College, Hospital & Research Centre, Near Nanak Pura Gurdwara, Moti Bagh-II, New Delhi-110021	1998	Government	Guru Govind Singh Indraprastha University, Delhi
KARNATKA				
11	Government Homeopathic Medical College, Dr Siddaiah Puranik Road, (Near Government Medical Stores, Basaweshwara Nagar, Bangalore-560079	1986	Government	Rajiv Gandhi university of Health Sciences, Bangalore
Kerala				
12	Government Homoeopathic Medical College, Karamparamba, Distt. Kozhikode-673010	1975	Government	University of Calicut
13		1983	Government	University of Kerala Thiruvananthapuram
MADHYA PRADESH				
14	Government Homoeopathic Medical College, Iranimuttom, Thiruvananthapuram-695009	1990	Government	Barkatullah University
ORISSA				
15	Biju Patanayak Homoeopathic Medical College & Hospital, Near City Hospital Road, Berhampur, Ganjam- 760001	1969	Government	Berhampur University
16	Utkalmani Homoeopathic Medical College & Hospital, Nayabazar, Rourkela-769010	1975	Government	Sambalpur University
17	Orissa Medical College of 1978 Homoeopathy & Research, Pirbaba Chowk, AT & PO Distt, Sambalpur- 768001	1978	Government	Sambalpur University
18	Dr, Abhin Chandra Homoeopathic Medical College & Hospital, Unit III, Kharavela Nagar, Distt Puri, Bhubaneshwar-751001	1969	Government	UtkalUniversity Bhubaneshwar

TAMIL NADU				
19	Govt. Homoeopathic Medical College & Hospital Thirumangalam, Distt- Madurai 625706	1975	Government	Dr. MGR Medical University, Chennai
UTTARPRADESH				
20	State Homoeopathic Medical College & Hospital, Viraj Khand, Gomti Nagar, Lucknow-226001	1921	Government	Dr.B.R.Ambedkar University, Agra
21	State Lal Bhadur Shastri Homoeopathic Medical College & Hospital, 24, Chaitham Lines, Pahphamau, Allahabad-211002	1996	Government	
22	State Gazipur Homoeopathic Medical College & Hospital, Rauza, Gazipur-233001	1981	Government	
23	Pt. Jawahar Lal Nehru State Homoeopathic Medical College & Hospital, Lakhanpur, Kanpur 208024	1962	Government	
24	Govt. K.G.K. Homoeopathic Medical & College, Moradabad 244001	1965	Government	
25	State Shri Durgaji Homoeopathic Medical College & Hospital, Chandesar, Azamgarh-276001	1972	Government	
26	Govt. Dr. Brij Kishore Homoeopathic Medical College & Hospital, Deokali, Faizabad 224001	1973	Government	
WEST BENGAL				
27	MidnaporeHomoeopathic Medical College & Hospital, Midnapore- 721104	1945	Government	The West Bengal University of Health Sciences, Kolkata
28	Mahesh Bhattacharya Homoeopathic Medical College and Hospital, HIT Road, Ichapur Doomurjala, Howrah 711101	1967	Government	
29	The Calcutta Homoeopathic Medical College & Hospital, 265 & 266, Acharya Prafulla Chandra Rd., Kolkata-700009	1881	Government	
30	D.N. De. Homoeopathic Medical College & Hospital, 12, Gobind Khatik Road, Kolkata 700046	1927	Government	

31	National Institute of Homoeopathic, Sector III, Block GE, Salt Lake City, Kolkata 700106	1975	Government	

(v) **Naturopathy Colleges**

Sr. No.	Name & Address of the College/ Institution	Yearof Estt.	Owner Ship	Affiliation Status
(1)	(2)	(3)	(4)	(5)
ANDHRA PRADESH				
1	Govt. Naturopathy Medical Colleges, Ameerpet Hyderabad-500016	1970	Government	NTRUniversity of Health Sciences Vijayawada
KARNATAKA				
2	Govt. Nature Cure & Yoga College, PKTR Hospital, KRS Road, Mysore- 570002.	2006	Government	Rajiv Gandhi University of Health Sciences, Bangalore
TAMIL NADU				
3	Govt. Naturopathy & Yoga Medical College & Hospital, Anna Nagar, Chennai-600106	2001	Government	M.G.R. Medical University, Chennai

Tele: 25682870
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS

05 Oct 18

(.....)
All Regional Centres

PRIORSANCTION FOR TREATMENT IN NON EMP HOSP

1 Ref Para 18(a) of SOP on treatment Management in ECHS.

2. All prior sanctions for treatment in Non Empanelled Hospitals will be accorded by Dir RC except in the following cases:

(a) Majorcardiac surgery/ interventional cardiology.
(b) Oncology.
(c) Organtransplant cases.
(d) Joint Replacement cases.
(e) Major Neurosurgical / Neurology cases.
(f) Bariatric surgery cases.

3. Format of prior sanction by Dir RC ECHS will be same as is being followed by CO ECHS.
4. Bills will be reimbursed at CGHS Rates only. No representation will be accepted for full reimbursement in such cases.
5. No TA is admissible in such cases.
6. Cases already received and dispatched by 10 Oct 18 will be processed by Central Org ECHS Org ECHS.

(RaviPalKapoor)
Lt Col
Jt Dir (Med)
For MDECHS

Internal

(Ops&Coord)Sec

Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Tele Mil: 36833
Civ: 011-25683476

Central Organisation
ECHS Adjutant General's
Branch IHQ of MoD
(Army), Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt - 110010

B/49762/AG/ECHS/ Medical Policy

07 Jan 2019

IHQ of MoD (Navy) (SO ECHS)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
AMA ECHS, Embassy of India, Kathmandu, Nepal

MONETARY CEILING FOR EXPENDITURE FOR LOCAL PURCHASE OF EMERGENT, LIFE SAVING & ESSENTIAL DRUGS

1. Please refer to this HQ letter No B/49762/AG/ECHS/Medicine Policy dt 29 Aug 2017.

2. As per Para 4 (i) ibid letter at Para 1 above, it is clarified that if any ECHS Polyclinic needs to increase their monetary ceilings for procurement of emergent drugs & consumable, approval can be accorded by MD ECHS for the particular month.

3. Further, it is observed that various Stn HQrs are approaching for increase of monetary ceiling without specific details required for sanction in respect of ECHS Polyclinics under their AOR. Request for increase in monetary limit is only to be requested on achieving 80% expdr of the monetary ceiling. Hence, a letter format for seeking increase in the monetary ceiling for expenditure is placed at Appx 'A'.

4. You are requested to advise Stn HQs to forward request for increase of ceiling as per format through e-mail addressed to MD ECHS (mdechs-MoD@nic.in) with copy to Dir (P&FC) and Dir (Med). Further, it is also intimated that the sanction is accorded as a permission for incurring expenditure upto the increased monetary ceiling from the allotted funds and is not to be treated as additional allotment of fund under code head 363/01 (Medical Stores).

5. It may please be noted that no expost facto sanction will be accorded. No Expdr will be incurred for subsequent months allocation.

6. This is for your information and further necessary action please.

7. This has the concurrence of MD ECHS.

(DKDubey)
Gp Capt
Dir (Med)
for MD ECHS

Copy to : - - Please intimate all PCs under your AOR.
All Regional Centres

Internal
Ops & Coord, P & FC, Claim Sec - for info.
Stats & Automation Sec - for uploading in ECHS website.

Appx A
to Cent Org ECHS letter No B/49762/AG/ ECHS/Medicine Policy dt Jan 2019

Stn HQ

Date :

CentralOrganisation, ECHS (Medical)
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt – 110010

MONETARY CEILING FOR EXPENDITURE FOR LOCAL PURCHASE OF EMERGENT, LIFE SAVING & ESSENTIAL DRUGS

1. ECHS PC ---------- (Name of PC), Type ---------- (A,B,C or D) has a monetary ceiling of Rs. ---------- (Rs.2.5 lac. 1.5 lac or 1.0 lac/-) per month to incur expenditure for local purchase of emergent drugs & consumables.

2. An increase of monetary ceiling is required from Rs. ----------/-- to Rs.-------/- for the month of ---------- –. The details of expenditure as on ---------- (Date) is as follows:

MonetaryCeiling (in Rupees)	Expenditure(in Rupees)	Balance(in Rupees)	Increasein Monetary Ceilingrequiredfor (in Rupees)	Average Daily Sick Report	Remarks (if any)
e.g 1,00,000.00	80,000.00	20,000.00	1,50,000.00		

3. It is certified that the list of Drugs & consumables indented from the authorised local chemist for the month of (Oct 18) along with quantities indented has been included in the Polyclinic indent to SEMO in the month of (Nov 18).

(Sig)

Copy to : -

HQ Command

Tele : 25695245
Telefax : 011-25684946
Email : jditechs-modanic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg
NearGopinathCircle
Delhi Cantt- 110 010

B/49779-Outsourcing/AG/ECHS

09 Jan 19

All Regional Centres

ISSUE OFPLANNED REFERRALS AT ECHS POLYCLINICS ONLY BETWEEN 0800HRS TO 1600HRS

1. Reference is made to Para 23 of Part 2 of SOP on Treatment Management in ECHS dated 28 Sep 2018.

2. In order to curb likelihood of any malpractices at ECHS Polyclinics, it has been decided that the planned hospital referrals from ECHS Polyclinics from the UTI-ITSL online portal will be issued only from 0800hrs to 1600hrs on all working days.

3. Necessary directions are being issued to UTI-ITSL for changes in the online portal to ensure this through the online automated system.

4. It is requested that the directions be issued to all ECHS Polyclinics under your jurisdiction for strict compliance.

(PK Parekh)
Maj
Jt Dir (Stats & Automation)
for MD ECHS

Copyto:

IHQ of MoD(Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ ECHS) - For information.

HQ East Comd (A/ ECHS)
HQ Central Comd (A/ECHS)
HQ North Cord (A/ECHS)
HQ South West Comd (A/ECHS)
HQ ANC (A/ECHS)

M/s UTI-ITSL - Refer discussion on subject. You are requested to confirm implementation in online portal by 18 Jan 19 as per Para 2 above.

Internal:

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49774/AG/ECHS/Referral/Policy

29 Jan 2019

IHQ of MoD (Navy)Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

All Regional Centres

PROVISIONOF REFERRAL FROM ECHS CELLS AT COMD/BASE HOSPITALS

1. High end specialities are invariably available at Comd Hosps/Base Hosps where No of ECHS patients report after referral from ECHS Polyclinic/referral from other service hospitals. As per current procedure when the capacity is not available/treatment is beyond the service hospital, patients are referred back to Polyclinic for generation of referrals and in the process, old aged veterans face avoidable difficulties.

2. An attempt is therefore being made to ease out problems of veterans who report to the following hospitals through ECHS cells created for this purpose as under(Manpower given as per Manning Document 19-20):-

SS No	Name of Hosp	ECHS Cell str as per manning docu 19-20			Linked PC for Referral ID
		MO	Para Med	Clk	
((a)	AH (R&R) Delhi Cantt	01	08	01	PC Base Hosp, Delhi Cantt
((b)	Base Hosp, Delhi Cantt	02#	04	01	PC Base Hosp, Delhi Cantt# incl one Specialist
((c)	Comd Hosp, Chandimandir	01	01	01	PC Chandimandir
((d)	Comd Hosp, Lucknow	01	01	01	PC Lucknow
((e)	Base Hosp, Lucknow	01	01	01	PC Lucknow
((f)	Comd Hosp Kolkata	01	01	01	PC Kolkata
(g)	Comd Hosp, Pune	01	01	01	PC Pune
((h)	Comd Hosp, Udhampur	01	01	-	PC Udhampur

s NS No	Name of Hosp	ECHS Cell ch as per manning docu 19-20			Linked PC for Referral j ID
		MO	Para Med	Clk	
(((((j)	MH Jaipur	01	01		PC Jaipur
((k).	AF Comd Hosp, Bangalore	01	001	01	PC Bangalore (Urban)
((l)	INHS Ashwani, Mumbai	01	001	01	PC Mumbai
((m)	INHS Sanjivani, Kochi	01	001	-	PC Kochi
((n)	INHS Kalyani, Vishakhapatnam	01	--	-	PC Vishakhapatnam
((o)	ADC(R&R)Dental, Delhi Cantt	05@	005	-	PC Base Hosp Delhi Cantt @ Dental Offr

3. All the above hosps will have suitable place earmarked for ECHS cell which will be advertised for veterans to know and these will be equipped with cmptr, printer and internet connection. These ECHS cells will be working in close co-ordination with linked PC for documentation process.

4. The following category of patients can be given referral by these ECHS Cells:-

(a) Those persons who have been referred by ECHS Polyclinic and have utilized consultancy, diagnostics and IPD facility as available in the service Hosp. In case these facilities in part/full are not available, those available will be utilized while referral will be given for balance facilities/treatment.

(b) User ID credential of linked PC will be utilized which will be co-ordinated by S&A Sec of Central Org ECHS.

(c) MO provided as per Para 2 above as well as at least one MO from the concerned hosp will have digital signatures which is essential to generate referral. Each hospital to ensure that at least two digital signatures, Class III with encryption are enrolled with Source Dot Com Pvt Ltd (SDCPL) to cater for absence/Posting out scenarios for the authorized signatory. A sample form for enrolment of digital signatures is given at Appx 'A'. In addition, form for obtaining digital signature from the designated service providers can be downloaded from any of the service providers such as www.emudradigital.com,www.sifytechnologies.com, govt e-market etc.

(d) It may please be noted that this facility is being given to reduce difficulties of veterans & should not be mis-utilised for unfair practices. The facility is meant for planned treatment and will be available from 0800hrs to 1600hrs on all working days from Monday to Saturday.

(e) A strict vigil will be kept on those who report in closed hours of PCs and demand referrals. They should be asked to wait for the designated day for treatment. If there is an emergency, no referrals are required by the patients.

(f) Anyonewho has not utilised the facility of an ECHS PC will not be given referral.

3. An email confirmation be given for infrastructure and digital sign to be ready so that user login ID can be allocated.

(DK Dubey)
Gp Capt
Dir (Med)
for MD ECHS

Copy to:-

M/s UTI-ITSL Plot No. 3 Sector 11 CBD Belapur, Navi Mumbai	-	1. Pl modify workflow to ensure that digital record of all such UTI Bhawan, referrals is maintained 2. The system should be available from 0800hrs to Maharashtra 1600hrs as per our letter No B/49779-Outsourcing/AG/ ECHS dated 09 Jan 2019 for these cases as well
Source Dot Com Pvt Ltd K-7/35, DLF Phase-II Haryana-122002	-	You are requested to create and issue user ID credentials, enroll digital signature and create the required Gurgaon, web portal for this facility.

Internal

All Sections Stats & Automation Sec-	-	1. For info & necessary action. 2. S&A Sec to operationalise & coord with UTI ITSL & SDCPL and upload this letter on website.

Appx 'A'
Refer to Para 4(c)
Letter No B/4977/AG/ECHS/Referral/Policy dt 08 Apr 2019

Government of India Department of Ex-Servicemen Welfare, CENTRAL ORGANISATION, ECHS

Application for Enrollment of Digital Signature and Creation of User ID for Online Smart Card Application

(for a single user only}

(Please read the instructions given in the reverse of this page: The completed application form, duly signed by the Concerned HOD of the concerned office, should be forwarded on e-mail to Central Organisation, ECHS)

Please use CAPITAL LETTERS

1) Name of the applicant": ----------
(Rank First name Middle Name Surname

2) Designation': ----------

3) Type of Office* ( ): RO [ ] RC [ ] Stn HQ [ ] PC [ ] Service Hosp

3) Name of Office: ----------

4) Address for correspondence*: ..... city ..... Pin Code .....

5) Telephone Number :(O}' ----------

6) Official Email id"(only Govt mail ID i.e. gov.in/nic.in) ----------

7) Expected Date of Completion of Tenure ----------(DD/MM/YYYY) ----------

8) Serial Number of Digital Signature Token ----------

9) Issuer of Digital Signature Token ----------

10) Class of Digital Signature Token ----------

11) MAC Address of Ethernet Port : ----------

This is to declare that I have read the terms and conditions and I agree to abide by them.

Signature of Applicant with Department Seal

Signature of the Head of Department of Applicant with date and seal

---

FOR OFFICE USE AT CENTRAL ORG ECHS

Data entry done on date ----------

Signature of S&A Clk

Signature of Dir S&A Jt Dir {S&A)

(with date & seal)

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
ThimayyaMarg, Near Gopinath
Circle, Delhi Cantt-110010

B/49770/AG/ECHS/Treatment/Policy

16 Apr 2019

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

INTRODUCTIONOF PREVENTIVE HEALTH CHECKUP FOR ECHS BENEFICIARIES

1. Ref Para 9 (h) of GoI (MoD) letter No 24 (8)/03/US (WE)/D(Res) dt 19 Dec 2003.

2. With operationalisation of all PCs, Medical Examination/ Health Check up/ Screening test within the available facilities in the ECHS PCs is to be implemented. Some tests like Hb A1C, Thyroid, Pulmonary, Cardiac & Renal Function Test etc are not available in ECHS PCs whereas other tests are available in varying degrees. While comprehensive annual health check on outsourced basis will be implemented once our proposal is approved by MoD (DoESW), Health check up limited to available facilities at PC without affecting medical treatment will be implemented.

3. ECHS aims to provide quality health care to ESM pensioners and their dependants through a network of ECHS Polyclinics, Service Medical Facilities and Civil Empanelled/ Govt hospitals spread across the country. Keeping in view of the importance of diagnosis of chronic non communicable health problems at the preventive level, it is necessary to introduce preventive health check up for all ECHS beneficiaries above the age group of 40 yrs.

4. Since a large population of ECHS beneficiaries are above 40 yrs of age and are in high risk age group to develop various diseases, it is essential that a system be put in place wherein timely preventive screening for various ailments like life style diseases, screening for common cancers in men and women, age related ailments etc may be done. This aids in early detection, monitoring, mgmt and follow up of most of the common ailments besides being cost effective in long term.

5. Time tested old concept of 'Prevention is better than cure' has already been adopted by CGHS vide GoI, Ministry of Health and Family Welfare letter No A. 17020/1/2010-MS dated 21 Oct 2011. It's importance has been well accepted by private sector too wherein comprehensive preventive health check up/ Executive preventive health check up etc are being adopted.

6. Presently, since majority of population are seeking medical advice very late after already having got affected by ailments due to non existence of preventive health checkups in initial stages, the same is resulting in long term continuous advoca multiple drugs, prolonged periods of hospitalisation with poor outcomes and this has been adversely affecting health care of our esteemed veterans.

7. Investigations as at Para 8 below as per age group are considered essential taking into consideration GoI, Ministry of Health and Family Welfare letter No 11-25/2009 CGHS/SZICGHS(P) dated 22 Dec 2011 and have been forwarded for approval by Govt.

8. **Age & Frequency Co-relation.**

(a) **Age.** It will be counted with recorded date of birth and will entitle an ECHS beneficiary for the said tests after completion of years in which tests are specified. For example, if DOB of an ECHS beneficiary is 15 Feb 76 then he/she becomes entitled for first test after the scheme is implemented since he/she is already more than 40 years old.

(b) **Frequency.** Once tests is done say on 01 May 19 then next test can be done only after 01 May 24 with DOB of 15 Feb 76 as frequency between 40 to 59 years is recommended once in five years.

Age	Frequency	Male	Female
40-59 Yrs	Once in 5 yr	Hb, TLC, DLC, ESRUrine-RE/ME,BS-F/ PP, ECG Lipid Profile Urea, Creatinine, Uric acid, X-ray chest (PA view) HbA1C	Hb,TLC, DLC,ESRUrine-RE/ME,BS-F/ PP, ECG, Lipid Profile Urea, Creatinine, Uric acid, X-ray chest (PA view) HbA1C, Pap smear, HPV Test, Mammography
60-79 Yrs	Once in 2 yr	Hb, TLC, DLC,ESR Urine-RE/ME,BS-FI PP, ECG,LipidProfileUrea, Creatinine, Uric acid, X-ray chest (PAview). HbA1C PSA Test	Hb, TLC, DLC, ESR Urine-RE/ME,BS-F/ PP, ECG Lipid Profile Urea, Creatinine, Uric acid X-ray chest (PA view). HbA1CPapsmear, HPVTest Thyroid Profile Mammography
80 & above	Every year	Hb, TLC, DLC, ESRUrine-RE/ME,BS-F/ PP, ECG, Lipid Profile Urea, Creatinine, Uric acid, X-ray chest (PA view) HbA1C PSA Test	Hb, TLC, DLC, ESR Urine-RE/ME,BS-F/ PP, ECG Lipid Profile Urea, Creatinine, Uric acid, X-ray chest (PA view). HbA1C Pap smear, HPV Test

9. Preventive health care and checkups are an important and accepted public health issue in present day scenario. Introduction of such facility for veterans shall go a long way in sensitizing the ECHS beneficiaries towards timely adoptions of life style modification. It also aids health care providers in early detection, mgt and prevention of aggravation of chronic ailments there by increasing the quality, life expectancy and satisfaction of the target clientele.

10. **Entitlement of Health Checkup.**

(a) All ECHS beneficiaries meeting twin criteria of being ESM and drawing pension from Defence Budget.

(b) Those drawing FMA in lieu of OPD treatment will not be eligible.

11. **Salient Aspects of Execution.**

(a) The Preventive Health Check up will be limited to facilities in ECHS Polyclinics subject to medical treatment of patients not being adversely affected.

(b) No referral for these tests will be issued to anyone either for Service Hosps/ Empanelled facilities till approved by Govt.

(c) HQ Comds/ controlling HQs can nominate days/ timings for these health checkups in PCs without affecting the healthcare of veterans requiring medical treatment.

12. The instrs will be modified based on environmental feedback.

(DK Dubey)
Gp Capt Offg
Dir (Med)
for MD ECHS

Copy to:

MoD (DoESW)	-	Comprehensive proposal on lines of CGHS has been formulated. The same may pl be approved
CGDA O/o DGAFMS AG Branch DG DC&W Sectt DGMS (Army) DGMS (Navy) DGMS(Air) DGDS UTI-BPA	-	for infopl.

Internal

All Secs - S&A Sec for uploading on ECHS website and informing UTI BPA.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg,
NearGopinath Circle,
Delhi Cantt-110010

B/49770/AG/ECHS/Treatment/Policy

19 Jul 2019

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

INTRODUCTIONOF PREVENTIVE HEALTH CHECKUP FOR ECHS BENEFICIARIES

1. Please refer to CO ECHS letter No B/49770/AG/ECHS/Treatment/Policy dt 16 Apr 2019.

2. The proposal has not been agreed to be MoD (DOESW) vide their MoD ID No 18(163)/2019/E/D(Res-I) dt 01 May 2019.

3. The letter mentioned at Para 1 above may pl be treated as cancelled.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to:

MoD(DoESW)
CGDA
O/oDGAFMS AG Branch
DG DC&W Sectt -
DGMS (Army)
DGMS (Navy)
DGMS(Air)DGDS
UTI-BPA

for info pl.

Internal

All Secs - S&ASec

S&A Sec for uploading on ECHS website and for info

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS

01 Aug 2019

All Regional Centres

REVISED ADVISORY:WAIVERS/SANCTIONS AT CENTRALORGECHS

1. Further to the advisories on waivers and sanctions.

2. It has been observed that patients are referred to empanelled centres for further treatment without indicating the status of emp hospitals (i.e. whether without valid MoU, Stop referral issued etc).

3. It is hereby instructed to RCs to educate and incorporate the rule of mentioning the name and status of all such emp hospitals (i.e. with 'expired MoU' and the ones with a 'stop referral issued, in the referral form before issuing the referral to the ECHS beneficiary from ECHS polyclinic in future.

4. The ECHS beneficiary must be educated by the referring Doctors for not visiting these hospitals till the status of hospitals is clear.

5. Foryour info and necessary action pl.

(RaviRalKapoor)
Lt Col Offg
Dir (Med)
for MD ECHS

Internal
(Ops&Coord)Sec Claim
Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Policy/2019

25 Nov 2019

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

CLARIFICATION REGARDING DEFINITION OF EMPANELLED HOSPITAL AND CONSEQUENT HANDLING OF CASES OF TREATMENT TAKEN BY ECHS BENEFICIARIES IN SUCH HOSPITALS

1. Refer to the following:

   (a) Gol MoD (DoESW) letter No 24(8)/03/US(WE)/D(Res) dated 19 Dec 2003.

   (b) Gol MoD (DOESW) letter No 22D(01)/2018/(WE)/D(Res-I) dated 25 Sep 2019.

2. It has been observed in the past that a number of beneficiaries undergo treatment at empanelled hospitals on payment, when such hospitals are no longer holding valid MoA or are under stop referral or refuse cashless treatment due to pending unpaid bills. Expenditure incurred by individuals in such cases were not being allowed for reimbursement due to lack of specific orders on the status of such hospitals for clearance of bills. Hence a case was taken up to issue relaxation to facilitate the payment in such cases.

3. It has been clarified vide Gol letter at Para 1(b) above regarding handling of cases of reimbursement expenditure incurred on treatment taken by ECHS beneficiaries in empanelled hospitals as under:

   (a) A hospital shall be considered to be on ECHS panel only when it has a valid MoA or it is not under orders of stop referral.

   (b) If any hospital does not have a valid MoA or if is under stop referral and an ECHS beneficiary takes treatment in such hospital inemergency by making payment, the amount should be reimbursed tothe ECHS beneficiary as per CGHS rates.

   (C) If a hospital is without valid MoA or it is under stop referral and any ECHS beneficiary having a valid referral from ECHS polyclinic chooses to take treatment in such hospital, due to having taken treatment in the same hospital earlier as well, he should be allowed to take treatment in the hospital after making payment to the hospital and seek re-imbursement at CGHS rates.

(d) If a hospital is empanelled but due to huge pending of unpaid bills refuses to extend cashless treatment and an ECHS beneficiary takes treatment therein and seeks reimbursement, the same shall be allowed at CGHS rates. However, at the same time RC will send a proposal to CO, ECHS for disempanelment of the hospital.

4. Regional Centres may process cases of pending bills of above nature for sanctions as per the Financial Powers promulgated vide CO, ECHS letter No B/49782/AG/ECHS dated 06 Aug 2019. While sanctioning cases under Para 3(d), case for action against the hospital will invariably be initiated as per procedure laid out in Central Org ECHS letter No B/49717-CIAG/ECHS dated 05 Apr 16.

5. It is hereby advised that when referrals are issued by Polyclinics, beneficiaries may be advised to refer to the list of Empanelled Hospital under stop referral or invalid MOA, which should be displayed at the Polyclinic.

6. For your info and necessary action pl.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy) - for info please.
DGMS (Air Force) (Med-7)

UTHTSL - for info please.
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560 008

Internal

(Ops&Coord)Sec
Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt- 110010

B/49770/AG/ECHS

28 Nov 2019

All Regional Centres

ADVISORY:WAIVERS AND SANCTIONS

1. Refer to para 16 (g) of SOP (Treatment Management Policy in ECHS) dated 28 Sep 2018.

2. It is observed lately that the mandatory documents required for processing the waivers/sanctions cases by this office vide para (1) of ibid SOP are not being forwarded as complete.

3. Henceforth, it is reiterated that themandatory documents as undermentioned will be forwarded to this office alongwith a checklist duly signed and stamped by Dir RC ECHS:

   (a) Copy of ECHS Card.

   (b) Emergency certificate issued by the hospital.

   (c) Discharge summary (must include admission date and discharge date correctly with details of disease & treatment provided).

   (d) Emergency Room case Sheet.

   (e) Bill in detail with summary.

   (f) All images, pouches, barcode, invoices etc.

   (g) Personal application of individual.

4. Further to this, SoC alongwith proper justification of delay report and recommendation of Dir RC ECHS is also required to be submitted at this office for patients whom the processing of claim exceeds 180 days (CO ECHS letter No B/49778/AG/ECHS/Claim/Policy dated 30 Aug 2017).

5. The documents as required will be submitted alongwith a duly filled revised proforma as per CO ECHS advisory letter No B/49770/AG/ECHS dated 12 Sep 2017 with the treatment taken justified by JD (HS) and recommended by Dir RC ECHS.

6. The covering letter should mention correct subject heading for the required waiver/sanction.

7. For your info and necessary action pl.

(RaviPalKapoor)
Lt Col
Jt Dir (Med)
forMD ECHS

Internal

(Ops & Coord) Sec	-	for info pl.
Claim Sec		
Stats & Automation Sec	-	for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt- 110010

B/49770/AG/ECHS/2020

31 Jan 2020

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centre ECHS

CLARIFICATIONS ON PRIOR APPROVAL FOR CARDIAC IMPLANTS

1. Refer Central Org ECHS letter No B/49773/AG/ECHS/Rates/Policy dated 12 Jan 2016 and even No dated 24 Jan 2020.

2. It is clarified that prior approval of service cardiologist is required for Intracoronary OCT as mentioned in para 1 (o) above letter dated 24 Jan 2020.

(RaviPalKapoor)
Lt Col
Jt Dir (Med)
for MD ECHS

Copy to :

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy) -forinfo pl.
DGMS (Air Force) (Med-7)

UTHTSL - for info pl.
Surabhi Arcade 1st Floor,5-1-664 665 and 669
Bank Street
Hyderabad-500001

Internal
(Ops & Coord) Sec, Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg.
NearGopinathCircle
Delhi Cantt-110010

B/49774/AG/ECHS/Referral/2020

20 May 2020

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS).
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

REVISION OF GUIDELINES REGARDING SIHOPE TECATION OFRATERRAL SYSTEMS UNDER ECHIS

1. Plref Gol MoD (DESW) letter No 220 (06/2019/(WEYD(Res) dated 03 Feb 2020 (copy att).

2. Gol has simplified the referral systems under ECHS beneficiaries vide their letter as quoted In Para 1 above. The provisions now applicable for ECHS beneficiaries are as under:

   (a) Referral from ECHS Medical Officer ECHS Specialist for consultation with Specialist at Private Hospitals Empanelled under ECHS shall be valid for 30 days in the same hospital.

   (b) Referral shall be valid for consultation upto 03 times in the same Hospital within 30 days

   (C) Referral shall be valid for consultation with a maximum of 03 different Specialist if required during a single visit

   (d) Advice of ECHS Medical Officer/ Specialist for listed investigations shall be valid for a period of 30 days.

   (e) Advice of ECHS Medical Office Specialist for listed treatment procedure shall be valid for a period of 3 months.

   (f) If any listed investigation advised by Specialist of Empanelled Hospital is required urgently as a medical emergency and certified as such, may be undertaken at the same Hospital.

3 ECHS beneficiaries aged 75 years and above shall be permitted to seek direct OPD Consultation from Specialists of Private Hospitals Empanelled under ECHS without referral From ECHS Polyclinic. However, medicines prescribed will be collected only from Polyclinic. If any investigations/ procedures are advised and are required in emergency no other authorization is required and the same may be undertaken. However, in non-emergency conditions approval of competent authority is required if any non-listed investigations/ procedures are advised. Medicines prescribed will be collected only from Polyclinics.

4 Critically ill ECHS beneficiaries shall be permitted for follow up treatment in ECHS Empanelled Hospitals as per the details given under

(a) Permission/Referral for post operative follow-up treatment in respect of following post-operative conditions requiring frequent Consultations from Specialist at Private Hospitals Empanelled under ECHS need not be re validated from time to time on each occasion of the follow up treatment which may be under taken at CGHS rates without time limit. However it is advised to patients to revalidate the referral from PC once in six

(b) The consultation/ investigation are permitted under these follow-up cases. The conditions covered are:

(i) Post Cardiac Surgery Cases including Coronary Angioplasty

(ii) Post Organ transplant Cases (Liver, Kidney, Heart etc)

(iii) Post Neurosurgery Cases Post brain Stroke cases requiring regular follow-up treatment.

(iv) End Stage Renal Disease follow up cases of Liver Failure.

(v) Cancer treatment

(vi) Auto-immune disorder like Rheumatoid follow-up Arthritis requiring regular

(vii) Neurological disorder like Dementia, Alzheimer's disease, parkinsonism etc.

(c) Medicines prescribed may be provided by ECHS Polyclinic.

(d) However, if any non-listed investigation procedure are advised, during the follow up permission/referral from competent authority shall be required except in emergency,

5. The action to be taken by various agencies are enumerated in the succeeding paragraphs:

(a) <u>Action to be taken by Policlinics/Regional Centres</u>

(i) Referral shall be valid for consultation upto 03 times in the same Hospital within 30 days. Validity of claim ID once used during the first visit needs to be extended for the next two visits also. Necessary changes in the UTI website will be carried out by CO ECHS.

(ii) Referral shall be valid for consultation with a maximum of 03 different Specialists, if required during a single visit. If the specialist at the pvt. Emp Hospital suggests for cross consultation then the same needs to be endorsed in the OPD note.

(iii) Separate dropdown menu in the BPA portal for uploading the claims by the Emp hospital in /o veterans above 75 yrs age who have been neither referred nor are emergency cases will be made by BPA.

(iv) Validity of referral is not exceeding 30 days.

(v) Not more than three consultations have been taken on one referral.

(vi) Not more than three specialists have been consulted on one referral with due justification in clinical notes.

(vii) All pts as per Para 2 above are to be checked.

(viii) in case of Veterans more than 75 yrs of age, the claims will be generated without any referral from the PC only for OPD consultation and emergency procedures, Referral will be required for non emergency procedures

(b) **<u>Action to be taken by Emo Hosps.</u>** Emp Hosps will ensure the following:

(i) All pts mentioned in Para 2 will be implemented in letter and spirit.

(ii) For Para 2 (1), the info to PC is sent within 48 hours.

(iii) For Para 3 the claims will be uploaded in the separate dropdown menu of BPA portal for veterans more than 75 years of age who have been neither referred nor are emergency cases.

(iv) For Para 4 the hosp will advise patients for a review at PC after six months.

(c) **Action to be taken by BPA**

(i) **SDCPL.** It is requested to incorporate the default provisions in referral generation module of software as mentioned vide Para 2 to 5 above, at respective touch points and confirm implementation status withinseven days. A workflow in respect of same should also be submitted.

(ii) **UTI ITSL.** It is requested to incorporate provision mentioned wide Para 2 to 5 above in the claim initiation and referral acceptance procedure of empanelled hospitals in your online module and submit the workflow far same. The BFA teams should also advised to take a note of these provisions in processing of online bills.

6. This policy shall be effective from date of issue of GoI MoD (DOESW) letter mentioned at para 1 of this letter.

7. For your info and necessary action pl.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Encls: As above

Copy to MoD (DoESW) DGAFMS/DG-3ADGMS (AmyDGMS-5(B) DGMS (Navy)/Dir ECHS (Navy) DGMS (Air Force) (Med-7) DGDS CGDA	-	forinfo wrt you letter under ref forinfo please
UTHTSL 153/1. Above Farico Show Room First Floor, Old Madras Road Halasuru, Bangalore Karnataka-560 008	-	for info please.

Internal

(Ops & Coord) Sec, Claim Sec Stats & Automation Sec	-	for uploading the letter on ECHS website and issue of necessary direction to BPA as per Para 5 (c).

No. 22D(06) 2019/WE/D(Res)
Government of India
Ministry of Defence
(Department of Ex Servicemen Welfare)
Room No. 221 B Wing Sena Bhawan

New Delhi, Dated February, 2020

To

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: Revision of Guidelines regarding simplification of Referral Systems under ECHS

The undersigned is directed to refer to Ministry of Health & Family Welfare OM Na Z15025/17/2017/DIPIOCHS/EHS dated 106 December, 2018. OM NO 6095/95/2049XDIRVOGHS/CGHS (P) dated 29th May 2019 and OM NO. Z15025/06/2019/DIR/OCHS/CGHS(P) dated 29 May, 2019 and convey the approval of the competent Authority to make the provision of aforesaid. OMs of MCHEFW applicable to ELHS beneficiaries, as here under:-

(i) Referral from ECHS Medical Officer/ECHS Specialist for consultation with Specialist Private Hospitals empanelled under ECHS shall be valid for 30 days in the same hospital,

(ii) Referral shall be valid for consultation up to 03 times in the same hospital Within se days

(iii) Referral shall be valid for consultation with a maximum of us different Specialist, i required during a single visit

(iv) Advice, ECHS Medical Officer/ Specialist for listed Investigations shall be (valid for a period of 30 days

(v) Advice of ECHS Medical Officer/Specialist for listed treatment procedure shall be valid on a period of 03 months.

(vi) If any listed investigation advised by Specialist of empanelled hospital required urgently as a medical Emergency and certified as such, may undertaken the same hospital

2 ECHS beneficiaries aged 75 years and above shall be permitted to seek direct OPE Consultation from Specialists of Private Hospitals Empanelled under ECHS without referral from ECHS Polyclinic However, medicines prescribed will be collected only from Polyclinics. If any investigation procedures are advised and are required in emergency no other authorization is required and the same may be undertaken. However, in non-emergency conditions approval of competent authority is required if any non-listed investigation are advised Medicines prescribed will be collected only from Polyclinic

3 Critically ECHS beneficiaries shall be permitted for follow up treatment in ECHS Empanelled Hospitals as per the details given under:

(a) Permission Referral for post-operative follow-up treatment in respect of following post-operative conditions requiring frequent Consultation from Specialist private hospitals empanelled under ECHS need not be re validated from time to time and follow-up treatment may be under taken at CGHS rates without time limit.

(b) The consultation/investigation are permitted under these follow-up cases. The condition coveted are:-

(i) Pest Cardiac Surgery Cases including Coronary Angioplasty,

(ii) Post Organ transplant Cases (Liver, Kidney, Heart etc)

(iii) Post Neuro Surgery Cases/ Post brain Stroke cases requiring regular follow-up treatment,

(iv) End Stage Renal Disease follow up cases of Liver Failure.

(iv) Cancer treatment

(v) Auto-immune disorder like Rheumatoid Arthritis requiring regular follow-up.

(vi) Neurological disorder like Dementia, Alzheimer's disease Parkinsonism etc. (c)

Medicines prescribed may be provided by ECHS polyclinic.

(d) However, if any non-listed investigation/ procedure are advised, permission referral from competent authority shall be required except in emergency

4 This issues with concurrence of Ministry of Defence (Finance/Pension) vide their 2. Na 32017/2019/Fin/Pen (Part) dated 28.11.2020.

(A.k karn)
Under Secretary to the Govt. of India

Copy to:

1. CGDA, New Delhi
2. PPS to Secretary (Defence/Finance)
3. JS (ESW)
4 DFA (Pension)
5. D (Medical) 6. D&M Unit

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49770/AG/ECHS/Policy/20

26 Aug 2020

All Regional Centres

MEDICAL FACILITIES FOR IN-PATIENT TREATMENT AND POST OPERATIVE FOLLOW-UP TREATMENT TO ECHS BENEFICIARIES

1. Refer to MoD/DOESW letter No. 22 D(09)/2013/US(WE)/D(Res) dated 26 Jul 2016 and CO ECHS letter No.B/49770/AG/ECHS/Policy/2016 dated 31 Aug 2016.

2. It has been observed that with the appointment of new staff a number of application for availing treatment at Govt and Regional Cancer Centers are being forwarded to Central Org ECHS. It is directed that all newly appointed staff should be made conversant with the existing orders on availing Medical treatment at Govt hospitals and RCCs and as given in above letters. Important aspects are reiterated in succeeding paras.

3. All Govt (Central/States/Local Self Govt.) hospitals and Regional Cancer Centres) are considered to be deemed empanelled. All beneficiaries can avail treatment at these hospitals without referral from Polyclinics except for specified cases as given in paragraph below.

4. It is once again reiterated that ECHS beneficiaries holding a valid ECHS card shall be eligible to obtain treatment from Govt (Central/State/Local Self Govt) hospitals and Regional Cancer Centers (List of RCC attached as Appx) with a referral from ECHS PC for the specified treatment in case of :

   (a) Organ transplant surgery
   (b) Knee and Hip joint replacement
   (C) Neurosurgery
   (d) Cardiac Surgery
   (e) Cancer Treatment

5. Such treatment will be availed on cash payment basis unless the hospital is empanelled with ECHS and beneficiaries may claim individual treatment reimbursement as per existing orders.

6. CGHS package rates are not applicable for treatment at these hospitals. Expenditure incurred on account of this treatment of ECHS beneficiaries at these hospitals are reimbursable as per rates of respective hosp according to the ward entitlements except for the items for which ceiling rates are prescribed under ECHS (like IOL, Knee, Joint replacement, Cardiac implants etc). In case of expenditure more than ceiling rates and/or ward entitlements the ECHS beneficiaries will have to pay the difference of the amount from own resource and is not reimbursable. For unlisted implants, ECHS beneficiaries are advised to obtain prior approval of competent authority.

7. OPD medicine would be obtained from the ECHS PC and no re-imbursement is permissible.

8. For info and further dissemination to PCs.

(SK Gupta)
Lt Col
Jt. Dir (Med)
For MD ECHS

Internal

(Ops & Coord) Sec	-	for info pl.
Claim Sec	-	for info pl.
Stats & Automation Sec	-	for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters MoD (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

10 Sep 2020

B/49770/AG/ECHS/Treatment/Policy

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command(A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

CORONAVIRUS (COVID-19) : ADVISORY

1. Please refer the following :

   (a) CO ECHS letter No B/49770/AG/ECHS/Treatment/Policy dated 24 Mar 2020.

   (b) CO ECHS letter No B/49770/AG/ECHS/Treatment Policy dated 31 Mar 2020.

   (C) CO ECHS letter No B/49770/AG/ECHS/Treatment/Policy dated 01 Apr 2020.

2. It is once again reiterated that all suspected/ confirmed cases of COVID-19 will be treated as emergency and NO REFERRAL is required either for treatment or for testing for all ECHS beneficiaries when they approach the empanelled hospitals/diagnostic centers directly.

3. Where ECHS beneficiaries are referred to empanelled hospitals for non-COVID cases, a referral for COVID test will also be endorsed by the OIC Polyclinic. However in cases where such endorsement is not there, hospitals will carry out test if required without any referral on cash less basis and include in the bill at admissible rates.

4. Following guidelines will be implemented by all Dir of RCs wrt COVID patient management:

   (a) Coordinate with local SEMO/Service hospital for treatment of ECHS beneficiaries.

   (b) All RCs will monitor on daily basis the bed availability of each empanelled hospital for COVID patients and work out mechanism to ensure beneficiaries are not denied admission.

   (C) Nominate a nodal Offr from RC and each PC and publicize their contact numbers through various media. Their names and numbers will also be prominently displayed at the Registration counter of all empanelled facilities. Ensure these Offrs are available 24x7.

   (d) The names and contacts numbers of nodal officials of empanelled hospital dealing with ECHS should also be displayed at the registration counter of empanelled hospitals and the same should be made available to OIC of COVID centres of the service hospital. Dir Regional centre will ensure co-ordination between the two agencies also

   (e) Carryout liaison with Civil Adm officials and Health officials to intervene wherever required to ensure services are rendered by empanelled hospitals.

5. It should be advised to ECHS beneficiaries that in case of suspected/ confirmed case of COVID-19 the patient can even go to a non empanelled hospital provided it has the capability of treatment testing as it will be considered as an emergency. EIR should be raised as per policy and PC should be informed within 48 hours. Reimbursement will be done in all such cases as per Govt notified rates.

6. The contents of the letter will be disseminated to all concerned expeditiously and implemented forthwith.

(KB Rana)
Surg Capt
Offg Dir (Med)
for MD ECHS

Copy to :

MoD(DoESW) CGDA O/o DGAFMS AG Branch (Coord) DG DC&W Sectt DGMS (Army) DGMS (Navy) DGMS (Air) DGDS UTI-BPA	-	for info pl.
Internal Ops & Coord, Claim Sec	-	for info
P & FC Sec, C&L Sec Stats & Automation Sec	-	for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

Tele: 25683479
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence (Army)
Maude Lines Delhi Cantt-110010

15 Sep 2020

B/49773/AG/ECHS/Rates/Policy

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ ECHS)
HQ Eastern Command (A/ ECHS)
HQ Western Command (A/ ECHS)
HQ Central command (A/ ECHS)
HQ Northern Command (A/ ECHS)
HQ South Western Command (A/ECHS)
HQ South Western Command (A/ ECHS)
HQ Andaman & Nicobar Command (A/ ECHS)
All Regional Centres

CORONAVIRUS (COVID-19) : ADVISORY

1. Pleaserefer our policy letter No. B/49770/AG/ECHS/Treatment/Policy dated 10 Sep 2020.

2. **For**
PARA 2:

It is once again reiterated that all suspected/ confirmed cases of COVID-19 will be treated as emergency and NO REFERRAL is required either for treatment or for testing for all ECHS beneficiaries when they approach the empanelled hospitals/ diagnostic centers directly.

READ

It is once again reiterated that all suspected/ confirmed cases of COVID-19 will be treated as emergency and NO REFERRAL is required either for treatment or for testing for all ECHS beneficiaries when they approach the empanelled hospitals/ diagnostic centers directly, however for testing of COVID-19 a prescription by MO/ Specialist of PC/ Doctor of Empanelled Hospital/ Service Hospital is required in all cases except emergencies.

3. The contents of the letter will be disseminated to all concerned expeditiously and implemented forthwith.

(AnupamNAdhaulia)
Col
Dir Med
For MD ECHS

Copyto:

MoD(DoESW)CGDA O/o DGAFMS AG Branch(Coord) DG DC&WDGMS(Army) DGMS(Navy) DGMS(Air) DGDS UTI-BPA	-	-for info pl

Internal

Ops & Coord,Claim Sec P&FC Sec, C&L Sec	-	for info
Stats & Automation Sec	-	for uploading the letter on ECHS website and issue necessary dirns to UTI-ITSL

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49761/AG/ECHS

05 Oct 2020

(All Regional Centres)

REIMBURSEMENT OF MEDICINES : SPECIAL SANCTION IN VIEWOF COVID-19

1. Further to this HQ letter No B/49761/AG/ECHS dated 23 Mar 2020, even No dt 24 Apr 2020, 01 Jun 2020, 02 Jun 2020 and 07 Aug 2020.

2. A onetime sanction for purchase of medicines and claim reimbursement was issued till 30 Sep 2020. In view of increasing cases of COVID-19 and further extension of lockdown beyond 30 Sep 2020 in containment zones, to promote social distancing and avoiding unnecessary exposure to ECHS beneficiaries as well as minimizing footfall at ECHS Polyclinics, the ECHS beneficiaries having life style/ chronic ailments/ diseases on long treatment may purchase medicines lasting till 31 Dec 2020 in one go or month wise based on the prescription held (prescribed by doctor of Polyclinic/ Service hospital/ Empanelled hospital/ Sehat OPD) irrespective of NA or otherwise. It is also clarified that the ECHS Polyclinics are functional and ECHS beneficiaries also have the option to collect medicines through ECHS Polyclinics as per normal practice, instead of purchasing from market, after taking prior appointment from respective OIC Polyclinic.

3. One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The reimbursement will be done as per guidelines issued by this HQ vide letter No B/49761/AG/ECHS/Medicine Policy dt 18 May 2020 and even No 21 Jul 2020.

4. The date of upto 31 Dec 2020 indicate that the beneficiary may purchase medicines under this provision on any day before or on 31 Dec 2020, as per the due date of his prescription. The medicines may be purchased as per prescription for a period of 30 days if purchased in the month of December.

5. This is issued in accordance with MoD (DoESW) letter No 22D(19)/2020/WE/D (Res-1) dated 01 Oct 2020 and will be applicable beyond 30 Sep 2020 till 31 Dec 2020.

(KB Rana)
SurgCaptOffg
Dir (Med)
for MD ECHS

Copy to :

MoD (DoESW) — With reference to your file No 22D(19)/2020/WE/D (Res-1) dated 01 Oct 2020

-

CGDA
O/o DGAFMS
AG Branch
DG DC&W Sectt - forinfopl.
DGMS (Army)
DGMS(Navy)
DGMS (Air)
DGDS
All Comd HQ (A/ECHS)
UTI-ITSL (BPA)

Internal

All Sec - for info
S&A Sec - for uploading on website and issue necessary instr to UTI-ITSL(BPA).

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army)
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49770/AG/ECHS/Treatment/Policy

28 Dec 2020

All Regional Centres

RATES FORTREATMENT AT PRIVATE HEALTH CARE ORGANIZATIONS (HCOs) EMPANELLED UNDER ECHS-IN VIEW OF THE COVID-19 PANDEMIC

1. Please refer the following:

   (a) CO ECHS letter No B/49773/AG/ECHS/Rates/Policy dt 29 Jul 2020.

   (b) CO ECHS letter No B/49770/AG/ECHS/Treatment dt 11 Nov 2020.

2. The rates of PPE kit to be levied by the empanelled hospitals for covid or suspect covid cases have been laid down as per the above letters. In the case of non-covid patients, no additional PPE is authorised.

3. It has been observed with concern from the feedback received from the envt that Empanelled Hospitals are charging from Non Covid cases of ECHS beneficiaries for Patient Safety kits / PPE kits, which is against the prevalent orders. It is once again reiterated that no cash charges will be levied upon the ECHS beneficiaries by empanelled Hospitals.

4. You are requested to direct all empanelled hospitals not to charge PPE Kit from non-covid patients.

(Anupam N Adhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :

MoD (DoESW)

UTI-ITSL (BPA) - for strict implementation please

Internal

Ops&Coord, ClaimSec - for info.

C&L Sec, P&FC

Stats & Automation Sec - for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

Tele: 25683476

Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49774/AG/ECHS/Referral/2020

28 Dec 2020

All Regional Centres

ADVISORY: WAIVERSANCTION/ PRIORSANCTION/EXTENSIONOF HOSPITALIZATION (APPX C) PRIOR APPROVAL OF UNLISTED PROCEDURES

1. PIref directions of MD ECHS.
2. You are requested to mention contact numbers/ details of patient/ ECHS beneficiaries in all cases of applications for waiver sanction/ prior sanction/extension of hospitalization (Appx C)/ Prior approval of unlisted procedures etc.
3. For info and necessary action pl.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Copy to:

Internal
(Ops & Coord) Sec, Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49761/AG/ECHS

27 Apr 2021

(All Regional Centres)

HOME ISOLATION SERVICE PACKAGE : COVID-19

1. Please ref CO ECHS letter No B/49770/AG/ECHS/Treatment/Policy dt 31 Mar 2020 (Copy att).

2. As per Para 7 of letter under reference veteran/ beneficiary undergoing test / treatment at Govt designated pvt hosps without referral will be treated as emergency case and expenditure incurred will be reimbursed at Govt/ CGHS rates as individual reimbursement claim. Due to the recent surge in number of COVID-19 cases, and inability of the health infrastructure to cope with sudden rise in number of cases, a large number of beneficiaries with mild symptoms are being advised Home Quarantine. During the Home Quarantine there is a need to monitor the patient for his parameters such as temperature, Spo2 levels, BP, pulse etc as also consume prescribed medicines. In certain cases, there may be a requirement to administer Oxygen to the patient during the Home Quarantine.

3. In view of above, if a ECHS beneficiary who is having complaints of fever cough / cold / diarrhoea etc. and consults a doctor at Service | Govt / Med College Empanelled/ Non Empanelled hospital, where he is advised home isolation, medicines and COVID-19 (RT PCR) test, then he/ she will be entitled purchase home isolation package with one or more services as mentioned in succeeding Paragraph. Bills for the same will be reimbursed through OIC ECHS Polyclinic.

4. Home Isolation Package Services.

   (a) Visit of doctors at home twice in a week.

   (b) Monitoring of temperature, pulse, SPO2, BP etc by nursing supervisor twice a day and training of relative for self monitoring.

   (c) Dietician consultation.

   (d) Monitoring and advice on treatment plan by nursing staff/ doctor based on condition of patient.

(e) Administer injections to patient if advised by treating doctor.

5. The reimbursement for above mentioned package will be made with a ceiling limit of Rs 1000/- per day for 14 days from the date of advice of Home Isolation.

6. Additional services. Expenditure on following during the period of Home Quarantine on following will also be permissible for reimbursement in addition to the Home Isolation Package on the advice and prescription of the doctor as per Govt approved / CGHS / ICMR/ actual rates as applicable.

(a) Use of Oxygen Cylinder / Oxygen Concentrator at home.

(b) Provision of ambulance to patient if need arises to shift patient to hospital.

(c) Blood tests/one RT PCR test/ one HRCT Scan / one CRP / one IL6 and one D Dimer test as required.

7. Conditions. The claim of the ECHS beneficiary will be admitted on meeting following conditions:

(a) Home Isolation is advised by treating doctor based on a positive RT PCR test result or a RT PCR test is advised concurrent with Home Isolation based on clinical symptoms.

(b) If RT PCR test result is negative later but symptoms and HRCT Scan suggests a suspected COVID-19 case, the Home Isolation package if continued on the advice of treating doctor for a maximum duration of 14 days from first Home Isolation prescription.

8. Following documents with self certification will be required for processing such claims :

(a) Doctor's prescription from a registered medical practitioner.

(b) Photocopy of ECHS card of patient.

(c) Bills of medicines/ injections/ Ambulance service / administration of Oxygen less the Home Isolation Package.

(c) Bills of Home Isolation package.

(d) Daily medical casesheet showing vital data (temperature, pulse, BP etc) and SPO2 monitoring data of the patient.

(e) Contingent bill.

(f) Cancelled cheque / Bank details of ECHS beneficiary / ESM.

9. Bills will be submitted to OIC ECHS polyclinic for further processing of reimbursement and Dir RC ECHS will process payment under code head 365/00.

10. This has approval of MD ECHS.

(SK Gupta)
Col Offg
Dir (Med)
for MD ECHS

Copy to :

MoD(DoESW) CGDA O/o DGAFM AG Sect DG DC&W Sectt DGMS (Army) DGMS (Navy) DGMS (Air) DGDS All Comd HQ (A/ECHS) UTI-ITSL (BPA)	-	for info pl.

Internal

All Sec	-	for info
S&A Sec	-	for uploading on website and issue necessary instr to UTI ITSL(BPA).

Tele: 25683476
Mil: 36833

By Email/AWAN Only
Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army) Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49761/AG/ECHS

30 Apr 2021

IHQ of MoD (Navy)/DirECHS (N)
DAV Subroto Park
All HQ Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

GUIDELINES FOR CLAIMING REIMBURSEMENT OF HOME ISOLATION SERVICE PACKAGE : COVID-19

1. Please ref the fwg :

   (a) CO ECHS letter No B/49770/AG/ECHS/Treatment/Policy dt 31 Mar 2020.

   (b) CO ECHS letter No B/49761/AG/ECHS dt 27 Apr 2021.

2. As per Para 7 of letter under reference veteran/ beneficiary undergoing test / treatment at Govt designated pvt hosps without referral will be treated as emergency case and expenditure incurred will be reimbursed at Govt/ CGHS rates as individual reimbursement claim. Due to the recent surge in number of COVID-19 cases, and inability of the health infrastructure to cope with sudden rise in number of cases, a large number of beneficiaries with mild symptoms are being advised Home Quarantine. During the Home Quarantine there is a need to monitor the patient for their parameters such as temperature, SpO2 levels, BP, pulse etc as also consume prescribed medicines. In certain cases, there may be a requirement to administer Oxygen to the patient during the Home Quarantine.

3. In view of the above, provisions have been granted for home isolation package for ECHS beneficiary with complaints of fever / cough / cold / diarrhoea etc. who consult a doctor at Service / Govt / Med College/ Empanelled/ Non Empanelled hospital. After consultation, when the beneficiary is advised home isolation, medicines and COVID-19 (RT PCR) test, then he/she will be entitled to purchase home isolation package with one or more services as mentioned in the letter at Para 6 of letter mentioned at Para 1(b). Bills for the same will be reimbursed through OIC ECHS Polyclinic. Reimbursement for the Home Isolation Package will be made with a ceiling limit of Rs 1000/- per day for 14 days from the date of advice of Home Isolation. Individual home isolation package reimbursement bills will be handed over physically to OIC Polyclinic for processing for payment. However to minimize the footfall at Polyclinics and to avoid inconvenience, bills may be forwarded online or sent by Registered Post. Beneficiaries may be advised to follow one of the three methods given in succeeding paras for submission of bills :

(a) **Online Submission.**

(i) Veterans may submit claims online through designated email to OIC Polyclinic.

(ii) The scanned copies of all prescriptions, bills, copy of ECHS card, contingent bill (as per Appx 'A' to this letter) and copy of cancelled cheque or first page of passbook should be attached as separate file (s) in the email.

(iii) Details of vital parameters recorded during the treatment signed & stamped by Doctor or self certified will be attached with the contingent bill as per format at Appx 'B'

(iv) All Veterans will mention their complete residential address and telephone / mobile No.

(v) OIC Polyclinic will acknowledge the receipt of mail and seek any further clarification if required.

(vi) Original documents will be submitted by the veterans at the earliest possible date immediately after home isolation package is over but not later than 90 days. A photocopy of the documents should be retained while submitting the documents. Non depositing of all the original documents by stipulated date will invite recovery.

(b) Veterans who are not able to upload the claim online may send all the documents (bills and contingent bill in original) along with their telephone No/ whatsapp No and residential address to OIC Polyclinic through "Registered Post with Acknowledgement Due (AD) Card". They should keep a photocopy of all documents with them.

4. OIC Polyclinics will process the bills (submitted online) digitally duly authenticated by Digital Signatures and for rest of bills as per procedure explained in our letter at Para 1(a) & (b) above. RC will make necessary payment, without waiting for physical copies. Physical copies (for bills submitted online) will be fwd for audit purpose once situation stabilizes.

5. This has the approval of MD ECHS.

(SK Gupta)
Col Offg
Dir (Med)
for MD ECHS

Copy to :

MoD(DoESW) CGDA AGBranch(Coord) DG DC&W Sectt O/o DGAFMS DGMS (Army) DGMS (Navy) DGMS (Air)	-	for info please.
UTI-ITSL (BPA)	-	To scrutinize the claims submitted by beneficiary for identifying duplicate claims for same Home Isolation and for same duration.

Internal

Ops &Coord, Claim Sec C&L Sec, P&FC	-	forinfo.
Stats & Automation Sec	-	for uploading the letter on ECHS website and issue Necessary dirn to UTI-ITSL.

HOME ISOLATION SERVICE PACKAGE : COVID-19

Appx 'A'

Contingent Bill

Cheque may please be issued in favour of .....Bank

Acct No .....Bank

Name……

Bank IFS Code…….MICR No.……..

In Lieu of IAFA-155

Voucher No:……

CONTINGENT BILL

Expenditure of account reimbursement of medical treatment for home isolation package in respect of .....(Auth :

Central Organisation ECHS letter No B/49761/AG/ECHS dt 27 Apr 2021)

Ser No	Date	Date of Expenditures	Amount
		Amount incurred on account of reimbursement For home isolation package in respect of…… … ..... The details are as under	

ECHS Card No	Bill No	Diagnosis	Details of Bill Medicines	Amount

The bill with supporting documents attached in original.

Certified that:

(1) The claim has been submitted for the first time……

(2) The reimbursement has been made on the actual treatment.

Amount in Words: Rupees

RECEIVED PAYMENT

COUNTERSIGNED

HOME ISOLATION SERVICE PACKAGE : COVID-19

Appx 'B'

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Pulse Rate/min														
Temp														
Respiratory Rate/min														
SPO2														
BP														

Tele : 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49761/AG/ECHS

06 May 2021

(All Regional Centres)

CLAMING OF MEDICAL BILLS FOR SYMPTOMATIC ECHS BENEFICIARIES WHO ARE RT PCR/RAT NEGATIVE

1. RT PCR is the Gold standard and investigation of choice for diagnosing COVID 19 in patients showing various symptoms of the infection. However, due to the mutant strains of the virus, technical errors and low viral load certain patients are found to possess symptoms but are RT PCR negative. In such patients CT Scan is required to determine the severity and spread of infection, so as to facilitate early detection and treatment as also to prevent them from being super spreaders.

2. PCR helps in the diagnosis, CT Chest helps to determine stage and the severity of disease, especially in symptomatic patients. CT Score given for COVID-19 patients helps the clinicians initiate treatment. This score helps the clinicians decide if the patient can be in home quarantine or needs hospital admission.

3. It has therefore been decided that in symptomatic patients who are RTPCR/RAT Negative, if the treatment is carried out in empanelled or non empanelled hospitals for COVID-19 based on the report of CT scan, the charges will be reimbursed as per State Govt notified rates for treatment of COVID-19.

4. This is for dissemination to PCs under your AOR.

(Anupam N Adhaulia)
Col
Dir(Med)
For MD ECHS

Copy to :

MoD(DoESW)CGDA O/o DGAFMS AG Sect DG DC&W Sectt DGMS (Army) DGMS (Navy) DGMS (Air) DGDS All Comd HQ (A/ECHS) UTI-ITSL (BPA)	-	forinfopl.

Internal

All Sec	-	for info
S&A Sec	-	for uploading on website and issue necessary instr to UTI-ITSL(BPA).

Tele: 25683476
ASCON: 36833

Central Organisations ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg. Near
Gopinath Circle
Delhi Cantt-110010

B/4970/AG/ECHS/Treatment/Policy

14-Jun 2021

IHQ of MoD (Navy/Dir ECHS (N)
DAV Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

CORONAVIRUS (COVID-19): ADVISORY

1. Pl ref our letter No B/49770/AG/ECHS/Treatment/Policy dt 24 Mar 2020.

2. Necessary amdt in para 4 & 6 is issued herewith :

For.

Para 4. To contain COVID-19 outbreaks, most of the empanelled hospitals Pan India are working with 54% of their non- medical staff making it difficult to adhere to laid down guidelines for intimation, uploading & NMI of claims. It has been decided that a onetime sanction by CO ECHS is granted in the relaxation of timelines with imdt effect till 30 Apr 2020 :

Ser No	Timeline for	From	To	Remarks
(a)	Intimation of claims	48 hrs	96 hrs	
(b)	Uploading of claims	07 days	15 days	
(c)	Uploading of NMI cases	30 days	60 days	

Read.

Para 4. To contain COVID-19 outbreaks, most of the empanelled hospitals Pan India are working with 54% of their non- medical staff making it difficult to adhere to laid down guidelines for intimation, uploading & NMI of claims. It has been decided that a onetime sanction by CO ECHS is granted in the relaxation of timelines till 31 Jul 2021. Decision will be taken for further extension after situation analysis :

Ser No	Timeline for	From	To	Remarks
(a)	Intimation of claims	48 hrs	96 hrs	
(b)	Uploading of claims	07 days	15 days	
(c)	Uploading of NMI cases	30 days	60 days	

For

Para 6. A waiver is also accorded to all veterans suffering from cancer for taking referral/verification by PCs and approval by concerned specialist/SEMO of service hosp for follow up chemo/Radio Therapy with imdt effect till 30 Apr 2020 However, tele info will be given by the veteran to OIC PC/Dir RC concerned.

Read.

Para 6. A waiver is also accorded to all veterans suffering from cancer for taking referral/verification by PCs and approval by concerned specialist/SEMO of service hosp for follow up chemo/Radio Therapy with imdt effect till 31 Jul 2021.
Decision will be taken for further extension after situation analysis.

(CAMahajan)
Lt Col
Jt Dir (Dental)
for MD ECHS

Copy to:

MoD (DoESW) CGDA O/oDGAFMS AG Branch (Coord) DG DC&W Sectt DGMS (Army) DGMS (Navy) DGMS (Air) DGDS UTI-BPA	-	for info pl.

Internal

Ops & Coord, Claim Sec	-	for info
P& FC Sec, C&L Sec		
Stats & Automation sec	-	for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

Tele: 011-25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt - 110010

B/49774/AG/ECHS/Referral/2021

02 Jul 2021

All Regional Centres ECHS

REFERRAL TO ARMY HOSPITAL (R&R): CTVS AND JRC

1. Further to our letter No B/49774/AG/ECHS/Referral dated 28 Dec 2020.

2. in view of the COVID Pandemic, in order to reduce the number of visits for check up and referral to AH (R&R), the instructions given in the above letter are relaxed till 31 Dec 2021. Accordingly all patients of cardiology, TKR & THR are permitted to be referred to empanelled civil hospitals directly by the advice of the Specialist /MO posted at polyclinics in all RCs. They are not required to be referred to service hosp of AFMS as indicated in the above letter.

3. The concerned RCs will fwd details of such referrals made from PCs to Central Org ECHS alongwith daily average sick report state.

4. Emergency case will continue to be treated without referral by the empanelled hospital. These orders will come into force from 01 July 2021 onwards and are valid till 31 Dec 2021. The orders will be reviewed again based on the pandemic situation.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Copy to :

HQ Central Command (Med) HQ South Western Command (Med) HQ Eastern Command (Med) HQ Western Command (Med) HQ Northern Command (Med) HQ Southern Command (Med) Army Hospital (R&R)	-	for information and necessary action please.
Base Hospital Delhi Cantt	-	for info wide dissemination and compliance please.
UTHTSL	-	for information and necessary action please.

Internal

Dir (S&A)	-	for information and necessary action please.

Tēle: 25684645
Telefax 011-25684946
Email: jditechs1@echs.gov.in

Central Organisation ECHS Adjutant
General's Branch
Integrated Headquarters
of MoD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSC/AG/ECHS

27 Jul 2021

(All Regional Centres)

REFERRAL PROCEDURE TO EMPANELLED HOSPITALS FOR ECHS BENEFICIARIES

1. Please refer to co, ECHS letter No B/49711-NSC/AG/ECHS dated 15 Jul 2021.

2. As per Para-14 of letter under reference, in case of out station referrals the OIC out station polyclinic and the concerned Dir Regional Centre will be responsible for processing the IPD/OPD Hospital claim from empanelled Hospitals through UTI-ITSL. Further, all approvals/sanctions related to extension of stay and unlisted procedures will be processed through outstation Polyclinic and Regional Centre.

3. It is also clarified that all claims for individual reimbursement (Including Emergency Admission Claims) by the ECHS beneficiaries where the treatment has taken on cash payment from Govt Hospitals and Private Hospitals including hospitals of National repute like CMC Vellore, Shanker Netralaya, Chennai Tata Memorial Hospital Mumbai etc will continue to be processed as hitherto fore by respective parent polyclinics.

(Anupam N Adhaulia)
Col
Dir (Med)
for MD ECHS

Copy to

Ops & Coord Sec	-	For Info please.
S&A Sec BPA/UTI-ITSL	-	For uploading the letter on the website.
	-	For Info please.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
IntegratedHeadquarters MoD(Army)
Thimayya Marg,
NearGopinathCircle Delhi
Cantt-110010

B/49770/AG/ECHS

16 Sep 2021

All Regional Centres

HAEMODIALYSISOF CHRONIC KIDNEY DISEASE PATIENTS

1. Further to our letter No B/49770/AG/ECHS dated 05 May 2021.

2. In view of the surge in the cases of COVID-19 and limited availability of emp hosp COVID-19 positive designated hosp undertaking dialysis of COVID-19 positive patients, has resulted in large numbers of ECHS beneficiaries facing difficulties to undergo Haemodialysis.

3. Haemodialysis is to be considered as a life saving emergency, hence no referral is reqd to be taken from parent polyclinic. Patient may obtain treatment without referral from Service/Emp/Non Emp/Govt Hosp/Med College till 31 Oct 2021.

4. The situation shall be reviewed after 31 Oct 2021.

5. This is for your info and wide dissemination to all the ECHS Polyclinics under your AoR.

(SKGupta)
Col
Jt Dir (Med)
for MD ECHS

Internal

(Ops & Coord) Sec Claim Sec	-	for info pl.
Stats & Automation Sec	-	for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Treat/Policy/2021

30 Sep 2021

All Regional Centres

REIMBURSEMENT OF MEDICAL BILLS INCURRED BY ECHS BENEFICIARIES IN EMPANELLED HOSPITAL

1. MB CO ECHS has recommended to grant sanction on a case to case basis based on merit of each case instead of giving a blanket sanction.

2. All RC ECHS to process cases on priority without any delay.

3. For your info and necessary action accordingly.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Tele: 011-25682870
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
NearGopinathCircle
Delhi Cantt - 110010

B149770/AG/ECHS/Treatment/2021

07 Oct 2021

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

All Regional Centres

SUPPORT FOR PATIENTS DIAGNOSED WITH ESRD AND ON CPADIAPD

1. A significant number of veterans suffer from End Stage Kidney Disease. Depending on various factors and clinical conditions, the patients are either placed on hemodialysis or on peritoneal dialysis (CAPD or APD) support. A patient on Peritoneal Dialysis support has to collect dialysis stores from dependant Service Hospitals every month. Majority of the patients are old and infirm and cannot undertake collection without a vehicle and support of a family member.

2. Besides the above logistic effort, a patient typically faces issue of non availability of a portion of the stores. Option of procurement & reimbursement of cost against NA exists, however these are costly items and a patient could end up spending Rs 15,000 to Rs 40,000 per month.

3. In view of the above, as each Service Hospital is aware of their ESRD patient dependency, therefore the Service Hospital can make a fair approximation of such stores required by them in coordination with the dependent PCs. The procurement action can therefore be planned, directly obviating NA situation.

4. This has the approval of the DGAFMS. A copy of DGAFMS letter No 34906/ECHS/CPAD/APD/DGAFMS/DG- 2(Pig) dt 15 Sep 2021 is att.

5. You are requested to direct all SEMOs to take action accordingly.

(SKGupta)
Col
Jt Dir (Med)
for MD ECHS

Tele: 23092509

Office of the DGAFMS
Ministry of Defence 'M'
Block, New Delhi
Pin - 110001

34906/ECHS/CPADIAPD/DGAFMS/DG-2(Pig). 15 Sep 2021

DGMS(Army)
DGMS(Navy)
DGMS(Air).

SUPPORT FOR PATIENTS DIAGNOSED WITH ESRD AND ON CPADIAPD

1. Ref Central Org ECHS, HQ of MoD(Army) letter No B/49761/AG/ECHS dated 24 Aug 2021 (copy enc!).

2. À significant number of veterans suffer from End. Stage Kidney Disease. Depending on various factors they are put on either hemodialysis or on peritoneal dialysis (CAPD or APD) support. A patient on Peritoneal Dialysis support has to collect dialysis stores from dependant Service hospitals every month. Most of such patients are old and infirm and cannot do this collection without a vehicle and support of family members.

3. Besides the above logistic effort, a patient typically faces issue of non availability of a portion of the stores. Option of procurement & reimbursement of cost against NA exists, however these being costly items, a patient could end up spending Rs 15,000 to Rs. 40,000 per month.

4. In view of the above as each service hospital is aware of their ESRD patient dependency and can therefore make a fair approximation of such stores required by them in coordination with the dependent PCs. The Procurement action can therefore be planned, directly obviating NA situation.

5. This has the approval of the DGAFMS

6. For your necessary action pl.

(Anirban Deka)
Col
Col AFMS /DG-2(Pig)

Copy to :

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-110010

30Sep 2021

B/49770/AG/ECHS/Treat/Policy/2021

All Regional Centres

SANCTION FOR FULL REIMBURSEMENT OF MEDICAL CLAIMS FOR ECHS BENEFICIARIES HAVING COVID-19 DISEASE AND TREATMENT TAKEN IN NON-EMPANELLED HOSPITALS DUE TO NON-AVAILABILITY OF

BEDS INSERVICE / EMPANELLED / GOVT HOSPITALS

1. Refer MoD letter No 22A(39)/2021-D(WE/Res-1) dated 17 Sep 2021.

2. Reimbursement of medical claim in respect of such Covid cases during April-May 2021, where treatment was taken in Non Emp Hosp, may be processed restricting only to 15 days of treatment from the date of admission, as per the existing rates under CGHS / ECHS, as well as rates fixed by the Central Govt / AIIMS and concerned State Govt, time to time during 2nd wave of Covid pandemic.

3. However, any such exceptional Covid cases during April-May 2021 may be considered by High Powered Committee (HPC) on a case to case basis under provisions contained in DoESW letter No 22A(37)/2018-D(WE/Res-I) dated 15 Jan 2019, after detailed justification about emergency conditions, non-availability of beds in Service / Empanelled / Govt Hospitals, circumstances of patients as well as admission period and other terms & conditions etc during the peak of 2nd wave of Covid Pandemic, by treating doctors / ECHS authorities.

4 This issues with the approval of Competent Authority MoD.

5. This is for info and necessary action.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg.
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Treat/Policy/2021

30 Sep 2021

All Regional Centres

POLICY ON PRIORSANCTION ON APPX A FOR INVESTIGATIONS

1. Pl refer CO ECHS letter Nos :

   (a) B/49778/AG/ECHS/PA/Ruling dated 28 Jun 2011.
   (b) B/49778/AG/ECHS/PA/Ruling dated 03 Feb 2017
   (c) B/49778/AG/ECHS/Claims/Policy dated 26 Apr 2018.

2. It is clarified that if service specialist (Pathologist/Radiologist) of any AFMS hospital has advised any unlisted investigation for an ECHS beneficiary on hospital investigation form countersigned by CO / Comdt/SEMO/SMO/PMO/CMO there will be no requirement by emp HCOs / BPA for asking any separate Appx A for the same to carry out unlisted investigation / processing the claim. The empanelled HCOs will upload a scanned copy of the original ink signed and stamped investigation form while submitting the claim. The uploaded document will be an authority for accepting the claim as valid.

3. This is for wide dissemination and implementation to all PCs and Empanelled HCOs under AOR of respective RCS.

4. This has the approval of MD ECHS.

(Panchal Kalpesh kumar S)
Lt Col
Jt Dir (Med)
for MD ECHS

Copy to :

MoD / DOESW
DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy) - for info pl.
DGMS (Air Force) (Med-7)

Office of the CGDA
Ulan Batar Road
Palam,DelhiCantt-10

Internal

- for info pl.
(Ops& Coord)Sec - for info pl.
Claim Sec - for uploading on website & issuing instrs to BPA
Stats & Automation Sec

BPA - for strict compliance.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Treatment/Policy/2021

08Nov2021

All Regional Centres

TREATMENT PROCESS FOR MIL PCS/SERVICE HOSPITALS

1. Copy of DGMS (Army) letter No B176782/ECHS Ruling/DGMS-5B dated 23 Sep 2021 is fwd herewith.
2. For info pl.

(Panchal Kalpesh kumar S)
Lt. Col
Jt Dir (Med)
for MD ECHS

Encls. As above.

Tele: 23094763/35004

Integrated HQ of MoD (Army)
Adjutant General's Branch
Dte Gen of Medical Services (Army)'L'
Block, New Delhi - 110011

B/76782/ECHS Ruling/DGMS-5B

30 Sep 2021

Headquarters
Southern Comd(Med)
Eastern Comd (Med)
Western Comd (Med)
Central Comd (Med)
Northern Comd (Med)
South Western Comd (Med)

TREATMENT PROCESS FOR MIL PCS/SERVICE HOSPITALS

1. As per the existing instruction an Emp hosp forwards the Appx 'A' for Prior sanction to PC for obtaining necessary approval of SEMO. In Part IV of this performa, opinion of service specialist/senior advisor is required for recommending the implant/unlisted procedure investigation prior to SEMOs final approval. However, this Dte Gen has received representations of the same being delayed.

2. In view of the above, it is requested to issue necessary instructions to all the SEMOs in the AOR to provide the duly completed Appx 'A' in an expeditious manner for the benefit of ECHS beneficiaries. It will also be ensured that profession obligations and medical ethics will not be compromised during processing of the alm document.

3. This is for your info and further necessary action please.

(VivekSPhutane)
Lt Col
GSO-1 Med (ESM)
For Offg DGMS (Army)

Copy to:

DGAFMS/DG-2 (Plg) - For info w.r.t your note No 34906/ECHS/Gen/DGAFMS/ DG-2 (Plg) dt 06 Sep 2021.

CentralOrg,ECHS - For info w.r.t your letter No B/49770/AG/ECHS/Treatment/
AG's Branch - 2021 dt 17 Aug 2021.
IHQ of MoD(Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B149770/AG/ECHS/Referral/Policy/2021

08Nov 2021

All Regional Centres

ADW SEOREY COLEDICAL CARE OF REMATES MINCITARY HOSPITALS
ADVISORY : MEDICAL CARE OF ESM IN MILITARY HOSPITALS IN EMERGENCY AND LIFE THREATENING CONDTITIONS

1. Please refer DGMS (Army) letter No B/76782/ECHS Gen Corres/DGMS-5B dated 27 Oct 2021 (copy enclosed).

2. All RCs are requested to disseminate the contents of this letter to all PCs under their AOR for info of veterans.

(Panchal Kalpesh kumar S)
Lt Col
Jt Dir (Med)
for MD ECHS

Encls. As above.

Tele: 35004

Integrated HQ of MoD (Army)
Adjutant General's Branch
Dte Gen of Medical Services (Army)'L'
Block, New Delhi - 110011

B/76782/ECHS Gen Corres/DGMS-5B

08 Nov 2021

Headquarters,
SouthernComd(Med)
Eastern Comd (Med)
Western Comd (Med)
Central Comd (Med)
Northern Comd (Med)
South Western Comd (Med)

ADVISORY: MEDICAL CARE OFESM INMILITARY HOSPITALS IN EMERGENCY AND LIFE THREATENING CONDITIONS

1. While the ECHS Organisation was created on 01 Apr 2003 with the aim to provide comprehensive medicare to the retirees of Armed Forces, care of ESM still remains one of the important and sensitive functions of Military Hospitals. Grievances and complaints on various issues varying from refusal of admission to inadequate medical care at Mil Hosp are received from ESM. Majority of these complaints can be addressed if patients are attended to with empathy and patience.

2. In order to facilitate the emergency medical care to ESM, following actions will be ensured by all Military Hospitals:

(a) No ESM reporting for emergency and life saving care will be denied admission.

(b) Any decision to refer the patient to an empanelled hospital will only be taken with due clearance from Comdt/COI HOD.

(c) When an ECHS member ESM is referred to an empanelled hospital, all possible assistance in terms of contact with the empanelled hospital, ascertaining bed availability, details of ambulance services for transfer of patient etc will be provided to the relatives/ attendants of the patient.

(d) The role of the Mil Hosp will continue till the patient is admitted to the empanelled hospital.

(e) The record of all such patients will be maintained by the Mil Hosps and will be monitored by Comdt/ CO hosp for effective implementation of the instructions.

3. Quarterly report on the subject as per Appx to this letter will be fwd to this Dte Gen by all HQs Comd (Med) by 10 Jan, 10 Apr, 10 Jul and 10 Oct

4. This has the approval of DGMS (Army).

(VaniSuryam)
Col
Col Med (Health)
for DGMS (Army)

Encl : As above.

Copy to :

Ad's Sectt - for info please.

Appx to DGMS-5B note No B1767821 ECHS
Corres /DGMS-5B dt-27 Oct 2021

REPORT ON REFERRAL OF ECHS MEMBERS TO EMPANELLED HOSPITALS IN EMERGENCYI LIFE THREATENING CONDITIONS

Comd :…….....

Report of QE: …….....

Ser No	Hosp	No of ESM/ECHS members reported in emergency/ life threatening conditions	No of patients referred to empanelled hosp

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS

10 Nov 2021

All Regional Centres

HAEMODIALYSIS OF CHRONIC KIDNEY DISEASE PATIENTS

1. Further to our letter No B/49770/AG/ECHS dated 05 May 2021 and even letter dated 16 Sep 2021.

2. In view of the surge in the cases of COVID-19 and limited availability of emp hosp has resulted in large numbers of ECHS beneficiaries facing difficulties to undergo Haemodialysis especially which are designated hosp for COVID treatment and are undertaking dialysis of COVID-19 positive patients.

3. Haemodialysis is to be considered as a life saving emergency, hence no referral is reqd to be taken from parent polyclinic. Patient may obtain treatment without referral from Service/Emp/Non Emp/Govt Hosp/Med College till 31 Dec 2021.

4. The situation shall be reviewed after 31 Dec 2021.

5. This is for your info and wide dissemination to all the ECHS Polyclinics under your AOR

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Internal

(Ops & Coord) Sec	-	for infopl.
Claim Sec		
Stats & Automation Sec	-	for uploading the letter on ECHS website.

Tele: 25682870
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Treatment/Policy/2021

12 Nov 2021

(All Regional Centres)

ADVISORY: PRIOR SANCTION FOR TREATMENT IN NONEMP HOSP

1 PL ref Para 18 of COECHS SOP on Treatment Management dated 28 Sep 2018 (available on echs.gov.in).

2. Prior sanction of MD ECHS is accorded for planned procedures given at Para 18 (a) of ibid SOP at Non-Empanelled Hospitals. It takes around 15 to 20 working days to get this sanction from the concerned Spl of AFMS Hosp. Hence all the veterans should be advised to submit their application for prior sanction of MD ECHS giving a clear window of 20 working days before getting any planned treatment at Non-Empanelled Hospital.

3. In case of emergency, veterans must obtain a certificate from the treating physician / surgeon of Non-Empanelled Hospital justifying that emergency treatment is the final recourse as a life saving measure.

4. It is requested to disseminate the contents of this letter to all PCs under your AOR and to the veterans by various measures like displaying on Notice Boards, Whatsapp, SMS, broadcast messages and other available means.

5. This has the approval of MD ECHS.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Tele:011-25683476
ASCON:36833
FAX: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt – 110 010

B/49762/AG/ECHS

18 Nov 2021

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres EHCS .
AMA ECHS, Embassy of India, Nepal
DIAV

POLYCLINICS TO REMAIN FUNCTIONAL DURING MONTHY STOCK TAKING

1. PI refer to Central Organisation letter No B/49762/AG/ECHS dated 14 Jan 2019.

2. It is being constantly brought to the notice of Central Organisation ECHS that Polyclinics are being closed and not providing medical services on the days(s) of monthly Stock Taking, thereby causing inconvenience to the beneficiaries. It is reiterated that the ECHS Polyclinics will observe holidays or can remain closed only on Sundays and Central Govt Gazetted holidays.

3. Para 10 (b) of SOP mentioned at Para 1 above is amended as under:-

For

Stocks under count will be frozen during stock taking. Last working day of the month has been earmarked for the said purpose. PC can be closed on this day.

Read

OIC Polyclinics can utilise last working day of the month for Stock Taking. The Polyclinic will continue to function with reduced staff. The day of the Stock Taking will be intimated through wide circulation through WhatsApp Gps, emails, broadcast messages and other dissemination means. No emergency cases will be denied treatment on the day of the Stock Taking.

4. Essence of the above amendment is that administrative activities, as important as these maybe, cannot impinge on the provision of medical attention to the ECHS beneficiaries.

5. For information and necessary action by all ECHS Polyclinics.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Copy to :-

Internal

Ops & Coord Sec
P&FC Sec
C&L Sec
Vig Sec
\- for info pl.

S&A Sec - for uploading the letter on ECHS website pl. -

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt- 110010

B/49774/AG/ECHS/Referral/2021

09 Dec 2021

IHQ of MoD (Navy)ZDir ECHS (N) DAV,
Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

REVISIONOF GUIDELINES REGARDING SIMPLIFICATION OF REFERRAL SYSTEMS UNDER ECHS: ONLINE APPROVAL OF APPX 'A'

1. PI ref the following (copies att):-

(a) CO ECHS letter No B/49778/AG/ECHS/PA/Ruling dated 28 Jun 2011.

(b) CO ECHS letter No B/49774/AG/ECHS/Referral/2020 dt 20 May 2020.

2. It has been observed that for unlisted procedure / investigation, hospitals are sending back the ECHS beneficiaries (Including those of 75 years and above) for getting the approval which is in contravention to Para 26 (g) of SOP on Treatment Management dt 28 Sep 2018/ (available on our website echs.gov.in).

3. It is reiterated that for ECHS beneficiaries, if it is an emergency any investigation I procedure whether listed or unlisted has to be carried out by the hospital without any approval. However, in non emergency condition if the investigation / procedure is listed, no implant / approval will be required and it will be carried out by the hospital but if the investigation / procedure / is unlisted the procedure to be followed is given below:-

(a) The empanelled Health Care Organizations (HCOs) will generate Appx A on BPA portal by clicking the icon for Appx A and filling up the card number. The revised format is att as Appx 'A'. The basic info will be autofilled through the software. Further details and digital signature of the Doctor will be filled by the empanelled hospital. Thereafter submit button will be clicked.

(b) All 136 Nodal ECHS PCs to utilise the existing manpower for getting approval on Appx A from AFMS hospital. The ECHS cells located in BH, AH (R & R) and all Command Hospitals will also be suitably employed for this purpose. Mapping of each nodal PC has been done to the emp hosp and service hosp. The list is attached as Appendix 'B'.

(c) BPA portal will send 'Pending Appx 'A' popup alert to concerned nodal ECHS PC and the PC will fill up Part-II and put DSC of QIC PC. Thereafter he will take a print out of Appx 'A' and obtain the approval of competent auth i.e. SEMO (upto 2 Lakhs) I CI or Gd Spl of concerned specialty (between 2 to 4 Lakhs) / Sr Adv or Consultant of Concerned Specialty (More than 4 Lakhs).

(d) The revised Appx 'A' will be scanned and uploaded by the PC with digital signatures of QIC PC in the relevant claim ID of the concerned hospital. The ECHS beneficiary is requested to kindly contact the concerned empanelled hospital to confirm uploading of Appx A. A period of up to 48 hours/two working days may be given for the process.

(e) On getting a confirmation from OIC PC, the ECHS beneficiary will visit the hosp for getting the required investigation/ procedure done. The work flow is att as Appx 'C' to this letter.

4. If the required specialist officer is not available in the dependent AFMS Hosp of nodal PC, OIC PC will forward the Appx 'A' to the Nodal ECHS PC of Zonal or Command AFMS Hosp, where the concerned specialist officer is available by selecting such Nodal ECHS PC from drop down menu. Pop up alert of 'Pending Appx 'A' will also appear on the screen of receiving Nodal PC. All steps enumerated at Para -3(c), 3(d) & 3(e) to be followed by next nodal PC OIC.

5. **Responsibilities.** The responsibilities of various stake holders is as enumerated below.

(a) **Empanelled HCOs.**

(i) Provisions mentioned at Para 3 to be followed.

(ii) If some unlisted procedure I investigation I implant is required, the hosp will open the BPA portal and click on the Appx 'A'.

(iii) After entering the ECHS Card No, other details of ECHS beneficiary will be auto filled.

(iv) Column 6 to 12 will be filled by treating doctor. Signature and stamp of treating doctor, name qualification and appointment will be ensured on Part-I before submission.

(v) Once Part-I is complete, emp hosp will click the submit button.

(b) Concerned Nodal PC.

(i) Once the emp hosp submits Appx 'A' to concerned nodal PC, a pop up alert will appear on the BPA portal of nodal PC.

(ii) PC will fill up the Part-II of Appx 'A' on the portal, put the digital signature of OIC PC and take a print out.

(iii) OIC PC will ensure that all Appx 'A' received on the previous day till 0900 hrs next day are printed out after filling Part-II and are sent to OIC Stats by 0930 hrs to get it approved by 1400 hrs the same day.

(iv) Once Part-III and IV are filled and duly approved Appx 'A' is received back at PC. Thereafter the OIC PC will scan and upload it on the BPA portal by clicking ' Upload Appx 'A' in the concerned Claim ID.

(v) ECHS beneficiary is requested to kindly contact the concerned empanelled hospital after 48 hrs / two working days of raising the Appx 'A' by the hospital.

(c) **Service Hosp.**

(i) On receipt of hard copy of Appx 'A' from ECHS PC, the OIC Stats will segregate them as per speciality and send it to the concerned Specialist I Sr Adv / Consultant as per CEA powers.

(ii) The concerned Specialist / Sr Adv I Consultant will fill up column 15 to 18 of Part-III after checking the details of the case, at the first available opportunity and send it back to OIC Stats at the earliest.

(iii) OIC Stats will compile duly filled Part-Ill of Appx 'A' and send the file to SEMO for signatures and stamp.

(iv) SEMO will complete Part-IV of Appx'A', put signatures and stamp, at the first available opportunity and sent it back to OIC Stats.

OIC Stats will hand over the complete set of docu to pers from nodal PC by 1400 hrs on each working day.

(d) UTHTSL.

(i) They will modify the software as explained above within 03 days from the issue of this letter.
(ii) The Workflow is attached as Appx 'C'
(iii) The User Manual is attached as Appx 'D'

6. The revised procedure will be followed by all empanelled HCOs wef 13 Dec 2021 onwards.

7. All RC Directors are requested to disseminate it to all concerned and give a wide publicity for info of all ECHS beneficiaries (Incl aged 75 years and above).

(Anupam NAdhaulia)
Col
Dir (Med)
for MD ECHS

Encls:As above

Copy to:-

MoD (DoESW)	- for info please.
DGAFMS/DG-3A	- for issuing necessary instructions to all AFMS hospital pl.
DGMS (Army)/DGMS-5(B)	- for info please.
DGMS (Navy)ZDir ECHS (Navy) DGMS (Air Force) (Med-7) I DGDS	
CGDA J BPA	

UTI-ITSL - for info and necessary action please. 153/1, Above Farico Show Room First Floor, Old Madras Road Halasuru, Bangalore Karnataka-560 008

Internal

(Ops & Coord) Sec, Claim Sec Sec	- for uploading the letter on ECHS website and issue of Stats & Automation necessary direction to BPA as per Para 3.

Appx A

(Refers to para 3 (d) of Central Organisation ECHS letter No B/49774/AG/ECHS/Referral/2021 dt Dec 2021)

ECHS Membership No ----------

APPROVAL FOR UNLISTED PROCEDURE IIMPLANT/TEST AT ECHS EMPANELLED HOSPITAL

PART-I (To be filled by the Empanelled Hospital)

1. Name (Patient) ----------2. Relationship with ECHS Member 3. No ---------- 4. Rank ---------- 5. Name ----------

(Member with Tele I Mob No) ----------

6. Hospital ----------
7. Diagnosis ----------
8. Proposed Treatment Procedure/Test/ Implants : ----------
9. Estimated Cost (Rs) (in words) ----------
10. Case summary including investigation reports attached (Yes/No) ----------
11. Remarks ---------- 12. Date ---------- 13. Signatures & Stamp of Treating Physician/Consultant ----------

PART -ENDORSEMENT BY QICPOLYCLINIC

14. Received on(date) at(time) and forwarded to SEMO on at (OICPolyclinic)

PART - (To be filed by the SEMO/SMO/PMO/CMO)

15. APPROVED/ NOT APPROVED/ FORWARDED FOR APPROVAL TO (competent approving authority) ----------

16. Date ---------- 17. Place ----------18. Signatures & Stamp of SEMO ---------- (*Strike out whichever is not applicable)

(To be filled by approving authority other that SEMO/SMO/PMO/CMO if applicable)

19. Remarks ----------

APPROVED/ NOT APPROVED

20. Date---- 21. Place ---------- 22.Signature with stamp ----------

Note

1. Empanelled Hospitals will forward this form directly to the OIC Polyclinic necessary case summary.

Appendix -

(Ref CO ECHS letter No B/49774/AG/ECHS (Referral (2021 dated Dec 2021

SEMO WISE LIST OF NODAL POLYCLINICS

Ser No	SEMO	Polyclinics	Type	Mil/ Non Mil	Regional Centre	State	Remarks
1	MH Nasirabad	Ajmer	D	Mil	Ahmedabad	Rajasthan	
2		Bhilwara	D	Non Mil	Ahmedabad	Rajasthan	
3	MH Ahmedabad	Ahmedabad	c	Mil	Ahmedabad	Gujarat	
4	177 MH Barmer	Barmer	D	Mil	Ahmedabad	Rajasthan	
5	MH Bhuj	Bhuj	D	Non Mil	Ahmedabad	Gujarat	
6	MH Jodhpur	Jodhpur	B	Mil	Ahmedabad	Rajasthan	
7		Pali	D	Non Mil	Ahmedabad	Rajasthan	
8		Sherqarh	D	Non Mil	Ahmedabad	Rajasthan	
9	15 AFH, Jaisalmer	Jaisalmer	D	Mil	Ahmedabad	Rajasthan	
10	MH Jamnagar	Jamnaqar	D	Mil	Ahmedabad	Gujarat	
11		Rajkot	D	Non Mil	Ahmedabad	Gujarat	
12	185 MH Udaipur	Rajsamand	D	Non Mil	Ahmedabad	Rajasthan	
13		Udaipur	D	Mil	Ahmedabad	Rajasthan	
14		Dunqarpur	D	Non Mil	Ahmedabad	Rajasthan	
15	MH Vadodara	Surat	D	Non Mil	Ahmedabad	Gujarat	
16		Vadodra	D	Mil	Ahmedabad	Gujarat	
17	MH Allahabad	Allahabad	D	Mil	Allahabad	Uttar Pradesh	
18		Banda	D	Non Mil	Allahabad	Uttar Pradesh	
19		Pratapqarh	D	Non Mil	Allahabad	Uttar Pradesh	
20	12 AFH Gorakhpur	Azamqarh	D	Non Mil	Allahabad	Uttar Pradesh	
21		Basti	D	Non Mil	Allahabad	Uttar Pradesh	
22		Deoria	c	Non Mil	Allahabad	Uttar Pradesh	
23		Gorakhpur	D	Mil	Allahabad	Uttar Pradesh	
24	MH Varanasi	Balia	c	Non Mil	Allahabad	Uttar Pradesh	
25		Ghazipur	B	Non Mil	Allahabad	Uttar Pradesh	
26		Jaunpur	D	Non Mil	Allahabad	Uttar Pradesh	
27		Mirzapur	D	Non Mil	Allahabad	Uttar Pradesh	
28		Varanasi	D	Mil	Allahabad	Uttar Pradesh	
29	MH Faizabad	Faizabad	D	Mil	Allahabad	Uttar Pradesh	
30		Sultanpur	c	Non Mil	Allahabad	Uttar Pradesh	
31		Gonda	D	Non Mil	Allahabad	Uttar Pradesh	
32	MH Ambala	Ambala	c	Mil	Ambala	Haryana	
33		Gohana	D	Non Mil	Ambala	Haryana	
34		Kaithal	D	Non Mil	Ambala	Haryana	
35		Kurukshetra	D	Non Mil	Ambala	Haryana	
36		Kamal	c	Non Mil	Ambala	Haryana	
37		Kharkhoda	D	Non Mil	Ambala	Haryana	
38		Nahan	D	Mil	Ambala	HP	
39		Panipat	c	Non Mil	Ambala	Haryana	
40		Sonepat	B	Non Mil	Ambala	Haryana	
41		Narayangarh	D	Non Mil	Ambala	Haryana	
42		Yamunanagar	c	Non Mil	Ambala	Haryana	
43	MH Patiala	Nabha	D	Mil	Ambala	Punjab	
44		Patiala	B	Mil	Ambala	Punjab	
45		Samana	D	Non Mil	Ambala	Punjab	
46		Sanqrur	B	Mil	Ambala	Punjab	
47	CHAF Bangalore	Bangalore (Urban)	A	Mil	Bangalore	Karnataka	
48		Hassan	D	Non Mil	Bangalore	Karnataka	
49		MEG Bangalore	D	Non Mil	Bangalore	Karnataka	
50		Shimoga	D	Non Mil	Bangalore	Karnataka	
51	SMO AF Stn Bidar	Bidar	E	Mil	Bangalore	Karnataka	Secunderabad will be Nodal PC.
52	MH Belgaum	Belgaum	B	Mil	Bangalore	Karnataka	
53		Bijapur	D	Non Mil	Bangalore	Karnataka	
54		Dharwad	D	Non Mil	Bangalore	Karnataka	
55	SMO AF Stn	Kolar	D	Non Mil	Bangalore	Karnataka	
56	Yelahanka	Yelahanka (Bangalore)	D	Mil	Bangalore	Karnataka	
57	SMO 2 AFSB	Mysore	D	Non Mil	Bangalore	Karnataka	
58	AF Stn, Jalahali	Tumkur	D	Non Mil	Bangalore	Karnataka	
59	MH Cannanore	Madekeri	C	Non Mil	Bangalore	Karnataka	
60		Mangalore	D	Non Mil	Bangalore	Karnataka	

61		Virarajendrapet	D	Non Mil	Bangalore	Karnataka	
62	MH Agra	Agra	C	Mil	Bareilly	Uttar Pradesh	
63		Etah	D	Non Mil	Bareilly	Uttar Pradesh	
64		Firozabad	D	Non Mil	Bareilly	Uttar Pradesh	
65		Mainpuri	C	Non Mil	Bareilly	Uttar Pradesh	
66	MH Ranikhet	Haldwani	B	Mil	Bareilly	Uttarakhand	
67		Ranikhet	E	Mil	Bareilly	Uttarakhand	Almorawill be Nodal PC.
68		Almora	B	Non Mil	Bareilly	Uttarakhand	
69		Bageshwar	B	Non Mil	Bareilly	Uttarakhand	
70	MH Meerut	Bijnor	D	Non Mil	Bareilly	Uttar Pradesh	
71		Baqhpat	D	Non Mil	Bareilly	Uttar Pradesh	

Ser No	SEMO	Polyclinics	Type	Mil/ Non Mil	Regional Centre	State	Remarks
172		Buland shahar	B	Non Mil	Bareilly	Uttar Pradesh	
73		Meerut	B	Mil	Bareilly	Uttar Pradesh	
74		Muzaffarnaqar	D	Non Mil	Bareilly	Uttar Pradesh	
75	MH Bareilly	Bareilly	c	Mil	Bareilly	Uttar Pradesh	
76		Badaun	D	Non Mil	Bareilly	Uttar Pradesh	
177		Banbasa	D	Non Mil	Bareilly	Uttarakhand	
78		Hempur	D	Non Mil	Bareilly	Uttarakhand	
79		Moradabad	D	Non Mil	Bareilly	Uttar Pradesh	
80		Rudrapur	D	Non Mil	Bareilly	Uttarakhand	
81		Rampur	D	Non Mil	Bareilly	Uttar Pradesh	
182		Shahjahanpur	D	Mil	Bareilly	Uttar Pradesh	
83	MH Pithoragarh	Dharchula	E	Mil	Bareilly	Uttarakhand	
84		Pithoragarh	A	Mil	Bareilly	Uttarakhand	
85	INHS Nivarini	Angul	D	Non Mil	Bhubneshwar	Odisha	
86		Balasore	D	Mil	Bhubneshwar	Odisha	
87		Dhenkanal	C	Non Mil	Bhubneshwar	Odisha	
88		Puri	D	Non Mil	Bhubneshwar	Odisha	
89	MH Gopalpur	Koraput	D	Non Mil	Vizag	Odisha	
90		Bhubneswar	c	Non Mil	Bhubneshwar	Odisha	
91		Bhawanipatna	D	Non Mil	Bhubneshwar	Odisha	
92		Behrampur	D	Non Mil	Bhubneshwar	Odisha	
93		Sambalpur	D	Non Mil	Bhubneshwar	Odisha	
94	SMO 501 SU AF	Barnala	D	Non Mil	Chandimandir	Punjab	
95	CH(WC),	Chandigarh	B	Non Mil	Chandimandir	Chandigarh	
96	Chandimandir	Chandimandir	C	Mil	Chandimandir	Haryana	
97		Fatehqarh Sahib	c	Non Mil	Chandimandir	Punjab	
98		Mohali	c	Non Mil	Chandimandir	Punjab	
99		Ropar	B	Non Mil	Chandimandir	Punjab	
100		Sarakaqhat	D	Non-Mil	Chandimandir	Himachal Pradesh	
101	MH Jalandhar	Garhshankar	D	Non Mil	Jalandhar	Punjab	
102		Ghumarwin	D	Non Mil	Jalandhar	Himachal Pradesh	
103		Hoshiarpur	A	Non Mil	Jalandhar	Punjab	
104		Jalandhar	A	Mil	Jalandhar	Punjab	
105		Kapurthala	c	Mil	Jalandhar	Punjab	
106		Nawansahar	D	Non Mil	Jalandhar	Punjab	
107		Phaqwara	D	Non Mil	Jalandhar	Punjab	
108		Suranassi	D	Non Mil	Jalandhar	Punjab	
109		Sultanpur Lodhi	D	Non Mil	Jalandhar	Punjab	
110		Doraha	D	Non Mil	Chandimandir	Punjab	
111		Jagraon	D	Non Mil	Chandimandir	Punjab	
112		Ludhiana	A	Non Mil	Chandimandir	Punjab	
113		Samarala	D	Non Mil	Chandimandir	Punjab	
114	MH Kasauli	Solan	D	Mil	Chandimandir	Himachal Pradesh	
115	MH Shimla	Shimla	C	Mil	Chandimandir	Himachal Pradesh	
116		Rampur	E	Mil	Chandimandir	Himachal Pradesh	
117	MH Chennai	Chittur	c	Non Mil	Hyderabad	Tamil Nadu	
118		Chennai	B	Mil	Chennai	Tamil Nadu	
119		Cuddalore	D	Non Mil	Chennai	Tamil Nadu	
120		Chennai (Island Ground)	D	Non Mil	Chennai	Tamil Nadu	
121		Kanchipuram	c	Non Mil	Chennai	Tamil Nadu	
122		Kumbhkonum	D	Non Mil	Chennai	Tamil Nadu	

123		Nagapattinam	D	Non Mil	Chennai	Tamil Nadu	
124		Puducherry	D	Non Mil	Chennai	Puducherry	
125		Vellore	A	Non Mil	Chennai	Tamil Nadu	
126		Madurai	c	Non Mil	Coimbatore	Tamil Nadu	
127		Tiruchirapalli	c	Non Mil	Coimbatore	Tamil Nadu	
128	MH Wellington	Ramanathapuram	D	Non Mil	Coimbatore	Tamil Nadu	
129		Palakkad	B	Non Mil	Kochi	Kerala	
130		Krishnagiri	c	Non Mil	Chennai	Tamil Nadu	
131		Dindigul	D	Non Mil	Coimbatore	Tamil Nadu	
132		Sivagangai	D	Non Mil	Coimbatore	Tamil Nadu	
133		Theni	D	Non Mil	Coimbatore	Tamil Nadu	
134		Wellington	D	Mil	Coimbatore	Tamil Nadu	
135		Salem	c	Non Mil	Coimbatore	Tamil Nadu	

	SEMO	Polyclinics	Type	Mil/ Non Mil	Regional Centre	State	Remarks
	NHS Dhanvantari	Port Blair	D	Mil	Chennai	Andaman & Nicabar	
	SMO 47 WG AF	Thanjavur	D	Non Mil	Chennai	Tamil Nadu	
	SMO AF Stn Tambram	Tambram	D	Non Mil	Chennai	Tamil Nadu	
	MH Avadi	Thiruvannamalai	c	Non Mil	Chennai	Tamil Nadu	
		Villupuram	D	Non Mil	Chennai	Tamil Nadu	
		Avadi	c	Mil	Chennai	Tamil Nadu	
•<	6 AFH, Coimbatore	Coimbatore	c	Mil	Coimbatore	Tamil Nadu	
		Erode	D	Non Mil	Coimbatore	Tamil Nadu	
*44	MH Dehradun	Dehradun	A	Mil	Dehradun	Uttarakhand	
Tc		Joshimath	E	Mil	Dehradun	Uttarakhand	
M6		Karanprayag (Gopeshwar)	B	Non Mil	Dehradun	Uttarakhand	
• £		Tehri	D	Non Mil	Dehradun	Uttarakhand	
*48		Uttarkashi	D	Non Mil	Dehradun	Uttarakhand	
.49		Vikasnagar	D	Non Mil	Dehradun	Uttarakhand	
.50		Rudraprayag	D	Non Mil	Dehradun	Uttarakhand	
[151		Saharanpur (Sarsawa)	D	Mil	Dehradun	Uttar Pradesh	
.52	MH Lansdowne	Kotdwara	B	Mil	Dehradun	Uttarakhand	
.53		Landsdowne	E	Mil	Dehradun	Uttarakhand	
.54		Pauri Garhwal	c	Non Mil	Dehradun	Uttarakhand	
155	MH Roorkee	Roorkee	D	Mil	Dehradun	Uttarakhand	
156		Raiwala	c	Non Mil	Dehradun	Uttarakhand	
157	MH Agartala	Agartala	D	Mil	Guwahati	Tripura	
.58	160 MH Masimpur	Lunglei	D	Non Mil	Guwahati	Mizoram	
.59		Masimpur	D	Mil	Guwahati	Assam	
160		Aizwal	□	Non Mil	Guwahati	Mizoram	
161	151 BH Guwahati	Bonqaiqaon	D	Non Mil	Guwahati	Assam	
162		Dhubri	D	Non Mil	Guwahati	Assam	
163		Guwahati	D	Mil	Guwahati	Assam	
.64		Goalpara	D	Non Mil	Guwahati	Assam	
165	183 MH Liemakong	Churachandpur	D	Non Mil	Guwahati	Manipur	
166		Imphal (Leimakhong)	D	Non Mil	Guwahati	Manipur	
167	165 MH Dimapur	Dimapur	D	Mil	Guwahati	Nagaland	
168	162 MH Dinjan	Dibrugarh	D	Non Mil	Guwahati	Assam	
169		Tinsukia	D	Non Mil	Guwahati	Assam	
170	5 AFH Jorhat	Jorhat	D	Mil	Guwahati	Assam	
171		Mokokchung	D	Non Mil	Guwahati	Nagaland	
172	188 MH Likabali	Lakhimpur	D	Non Mil	Guwahati	Assam	
173	188 MH Misamari	Misamari	E	Mil	Guwahati	Assam	Tezpur will be Nodal PC.
174	BH Tezpur	Nagaon Town	D	Non Mil	Guwahati	Assam	
175		Tezpur	D	Non-Mil	Guwahati	Assam	
176	MH Shillong	Shillong	D	Mil	Guwahati	Meghalaya	
177	305 Fd Hosp	Tawang	E	Mil	Guwahati	Arunachal Pradesh	Tezpur will be Nodal PC.
178	181 MH Tenga	Tenga	E	Mil	Guwahati	Arunachal Pradesh	
179	154 GH ZaRhama	Zakhama (Kohima)	D	Non Mil	Guwahati	Nagaland	Rec by RC Guwahati
180	MH Abohar	Abohar	E	Mil	Hisar	Punjab	Ferozpurwill be Nodal PC.

181	174 MH Bathinda	Bhatinda	c	Mil	Hisar	Punjab	
182		Mansa	D	Non Mil	Hisar	Punjab	
183	MH Hissar	Bhiwani	A	Non Mil	Hisar	Haryana	
184		Bahadurgarh	D	Non Mil	Hisar	Haryana	
185		Charki Dadri	D	Non Mil	Hisar	Haryana	
186		Fatehabad	D	Non Mil	Hisar	Haryana	
187		Hissar	B	Mil	Hisar	Haryana	
188		Jhajjar	B	Non Mil	Hisar	Haryana	
189		Jind	c	Non Mil	Hisar	Haryana	
190		Loharu	D	Non Mil	Hisar	Haryana	
191		Meham	D	Non Mil	Hisar	Haryana	
192		Narwana	D	Non Mil	Hisar	Haryana	
193		Rohtak	B	Non Mil	Hisar	Haryana	
194		Sampla	D	Non Mil	Hisar	Haryana	
195		Churu	c	Non Mil	Hisar	Rajasthan	
196	MH Bikaner	Rajgarh	D	Non Mil	Hisar	Rajasthan	
197		Didwana	D	Non Mil	Hisar	Rajasthan	
198		Nagaur	c	Non Mil	Hisar	Rajasthan	
199		Bikaner	D	Mil	Hisar	Rajasthan	
200	173 MH, Faridkot	Faridkot	c	Mil	Hisar	Punjab	
201	176 MH	Hanumangarh	D	Non Mil	Hisar	Rajasthan	

Ser No	SEMO	Polyclinics	Type	Mil/ Non Mil	Regional Centre	State	Remarks
202	Sriganganagar	Sriganganagar	D	Mil	Hisar	Rajasthan	
203	SMO Sirsa	Sirsa	D	Mil	Hisar	Haryana	
204	MH Golconda	Ananthapur	D	Non Mil	Hyderabad	Andra Pradesh	
205		Golconda	C	Mil	Hyderabad	Andra Pradesh	
206		Khammam	D	Non Mil	Hyderabad	Andra Pradesh	
207		Kadapa	D	Non Mil	Hyderabad	Andra Pradesh	
208		Mehbubnagar	D	Non Mil	Hyderabad	Andra Pradesh	
209		Nellore	D	Non Mil	Hyderabad	Andra Pradesh	
210	MH	Eluru	D	Non Mil	Hyderabad	Andra Pradesh	
211	Secunderabad	Gulbarga	D	Non Mil	Hyderabad	Karnataka	
212		Giddalur	c	Non Mil	Hyderabad	Andra Pradesh	
213		Guntur	c	Non Mil	Hyderabad	Andra Pradesh	
214		Karimnagar	D	Non Mil	Hyderabad	Andra Pradesh	
215		Kurnool	D	Non Mil	Hyderabad	Andra Pradesh	
216		Secunderabad (2nd) (Bowenpally)	D	Non Mil	Hyderabad	Andra Pradesh	
217		Secunderabad	B	Mil	Hyderabad	Andra Pradesh	
218		Vijayawada	D	Non Mil	Hyderabad	Andra Pradesh	
219	MH Bhopal	Bhopal	D	Mil	Jabalpur	Madhya Pradesh	
220	MH Gwalior	Gwalior	D	Mil	Jabalpur	Madhya Pradesh	
221		Morena	D	Non Mil	Jabalpur	Madhya Pradesh	
222		Bhind	D	Non Mil	Jabalpur	Madhya Pradesh	
223	MH Jabalpur	Bilaspur	D	Non Mil	Jabalpur	Chattisgarh	
224		Jabalpur	D	Mil	Jabalpur	Madhya Pradesh	
225		Raipur	D	Non Mil	Jabalpur	Madhya Pradesh	
226		Rewa	D	Non Mil	Jabalpur	Madhya Pradesh	
227		Satna	D	Non Mil	Jabalpur	Madhya Pradesh	
228	MH Mhow	Indore	D	Non Mil	Jabalpur	Madhya Pradesh	
229		Mhow	D	Mil	Jabalpur	Madhya Pradesh	
230		Ujjain	D	Non Mil	Jabalpur	Madhya Pradesh	
231	MH Jhansi	Jhansi	D	Mil	Jabalpur	Madhya Pradesh	
232	MH Pachmarhi	Pipariya	E	Mil	Jabalpur	Madhya Pradesh ■	Bhopal will be Nodal PC
233	MH Saugor	Saugor	D	Mil	Jabalpur	Madhya Pradesh	
234	MH Alwar	Alwar	B	Mil	Jaipur	Rajasthan	
235		Behror	D	Non Mil	Jaipur	Rajasthan	
236		Bansur	D	Non Mil	Jaipur	Rajasthan	
237		Dharuhera	D	Non Mil	Jaipur	Haryana	
238		Kosli	D	Non Mil	Jaipur	Haryana	
239		HindaunCity (District Karrauli)	D	Non Mil	Jaipur	Rajasthan	
240		Mahendragarh	D	Non Mil	Jaipur	Haryana	
241		Narnaul	B	Non Mil	Jaipur	Haryana	
242		Rewari	B	Non Mil	Jaipur .	Haryana	
243	MH Mathura	Aligarh	D	Non Mil	Jaipur	Uttar Pradesh	
244		Bharatpur	c	Mil	Jaipur	Rajasthan	

245		Mathura	D	Mil	Jaipur	Uttar Pradesh	
246		Hathras	D	Non Mil	Jaipur	Uttar Pradesh	
247	MH Jaipur	Bhuwana	D	Non Mil	Jaipur	Rajasthan	
248		Chirawa	D	Non Mil	Jaipur	Rajasthan	
249	•	Dausa	D	Non Mil	Jaipur	Rajasthan	
250		Jhunjhunu	A	Non Mil	Jaipur	Rajasthan	
251		Jaipur	B	Mil	Jaipur	Rajasthan	
252		Kotputli	D	Non Mil	Jaipur	Rajasthan	
253		Neem Ka Thana	D	Non Mil	Jaipur	Rajasthan	
254		Sikar	B	Non Mil	Jaipur	Rajasthan	
255		Vidhyadhar Nagar	D	Non Mil	Jaipur	Rajasthan	
256	MH Kota	Kota	D	Mil	Jaipur	Rajasthan	
257	MH Amritsar	Ajnala	D	Non Mil	Jalandhar	Punjab	
258		Amritsar	A	Mil	Jalandhar	Punjab	
259		Beas	D	Non Mil	Jalandhar	Punjab	
260		Tarantaran/Patti	D	Non Mil	Jalandhar	Punjab	
261	MH Yol	Hamirpur	B	Non Mil	Jalandhar	Himachal Pradesh	
262		Deragopipur	D	Non Mil	Jalandhar	Himachal Pradesh	

263		Yol	A	Mil	Jammu	Himachal Pradesh	
264		Bilaspur	c	Non Mil	Jalandhar	Himachal Pradesh	
265		Shahpur	c	Non Mil	Jammu	Himachal Pradesh	
266	159 GH, Firozpur	Ferozpur	c	Mil	Jalandhar	Punjab	
267		Muktsar	c	Non Mil	Jalandhar	Punjab	
268		Moga	c	Mil	Jalandhar	Punjab	
269	172 MH	Batala	D	Non Mil	Jalandhar	Punjab	

Ser No	SEMO	Polyclinics	Type	Mil/ Non Mil	Regional Centre	State	Remarks
270	Gurdaspur	Gurdaspur	A	Mil	Jalandhar	Punjab	
271		Sri	D	Non	Jalandhar	Punjab	
272	167 MH	Pathankot	D	Mil	Jammu	Punjab	
273	Pathankot	Junqlot	C	Mil	Jammu	J&K	
274		Talwara	D	Non	Jalandhar	Punjab	
275		Uchi Bassi	c	Non	Jalandhar	Himachal	
276	MH	Barsar	D	Non	Jalandhar	Himachal	
277	Palampur	Una	c	Non	Jalandhar	Himachal	
278		Kullu	D	Non	Jammu	Himachal	
279		Jogindernagar	D	Non	Jammu	Himachal	
280		Mandi	C	Non	Jammu	Himachal	
281		Palampur	D	Mil	Jammu	Himachal	
282	170 MH	Akhnoor	D	Mil	Jammu	J&K	
283	166 MH	Baribrahmna	C	Non	Jammu	J&K	
284	Jammu	Jammu	A	Mil	Jammu	J&K	
285	MH Bakloh	Bakloh	D	Mil	Jammu	Himachal	
286	MH	Chamba	E	Mil	Jammu	Himachal	Bakloh will be Nodal PC
287	MH Doda	Doda	D	Non	Jammu	J&K	
288	92 BH	Baramulla	D	Mil	Jammu	J&K	
289	Srinagar	Khanabal	E	Mil	Jammu	J&K	
290		Srinaqar	D	Mil	Jammu	J&K	
291	153 GH, Leh	Leh	D	Mil	Jammu	J&K	
292	CH (NC)	Naqrota	D	Non	Jammu	J&K	
293	Udhampur	Udhampur	c	Mil	Jammu	J&K	
294	150 GH	Poonch	E	Mil	Jammu	J&K	
295	Rajouri	Rajouri	D	Mil	Jammu	J&K	
296	171 MH,	Samba	c	Mil	Jammu	J&K	
297	MH Kannur	Kalpetta	D	Non	Kochi	Kerala	
298		Kannur	B	Mil	Kochi	Kerala	
299		Kozhikode	C	Non	Kochi	Kerala	
300		Perintalmanna	C	Non	Kochi	Kerala	

301	INHS Navjeevni	Kanhaqad	D	Non	Kochi	Kerala	
302		Iritti	D	Non	Kochi	Kerala	
303	INHS Sanjivani	Changanacher	D	Non	Trivandrum	Kerala	
304		Kochi	B	Mil	Kochi	Kerala	
305		Kunnamkula	D	Non	Kochi	Kerala	
306		Moovattupuzh	D	Non	Kochi	Kerala	
307		Alleppey (Alapuzha)	B	Non Mil	Kochi	Kerala	
308		Kottayam	c	Non	Kochi	Kerala	
309		Painavu	D	Non	Kochi	Kerala	
310		Thrissur	B	Non	Kochi	Kerala	
311	MH Panagarh	Bankura	D	Non	Kolkata	West Benqal	
312		Burdwan	D	Non	Kolkata	West Benqal	
313	BH	Behrampur	D	Non	Kolkata	West Benqal	
314	Barrackpore	Barrackpore	C	Mil	Kolkata	West Bengal	
315		Krishnanagar	C	Non	Kolkata	West Benqal	
316	158 BH Bengdubi	Katihar	D	Non	Kolkata	Bihar	
317		Raiganj	D	Non	Kolkata	West Benqal	
318		Bengdubi	D	Mil	Kolkata	West Bengal	
319	CH (EC) Kolkata	Baruipur	D	Non	Kolkata	West Bengal	
320		Kolkata	B	Mil	Kolkata	West Bengal	

Ser No	SEMO	Polyclinics	Type	Mil/ Non Mil	Regional Centre	State	Remarks
321		Howrah	D	Non Mil	Kolkata	West Bengal	
322		Salt Lake	D	Mil	Kolkata	West Bengal	
323	164 MH Binaguri	Binaguri	E	Mil	Kolkata	West Bengal	Cooch Bihar will be Nodal PC.
324		Cooch Behar	D	Non Mil	Kolkata	West Bengal	
325	178 MH Gangtok	Gangtok	D	Mil	Kolkata	Sikkim	
326	MH Kalimpong	Kalimpong	E	Mil	Kolkata	West Bengal	Bengdubi will be Nodal PC
327	163 MH Darjeeling	Lebong (Darjeeling)	C	Mil	Kolkata	West Bengal	
328	4AFH Kalaikunda	Midnapur	D	Non Mil	Kolkata	West Bengal	
329	7 AFH Kanpur	Akbarpur Matti	D	Non Mil	Lucknow	Uttar Pradesh	
330		Kanpur	C	Mil	Lucknow	Uttar Pradesh	
331		Fatehpur	D	Non Mil	Lucknow	Uttar Pradesh	
332		Etawah	C	Non Mil	Lucknow	Uttar Pradesh	
333		Orai	D	Non Mil	Lucknow	Uttar Pradesh	
334		Fatehgarh	c	Mil	Lucknow	Uttar Pradesh	
335	CH(CC) Lucknow	Lucknow	c	Mil	Lucknow	Uttar Pradesh	
336		Lakhimpur	D	Non Mil	Lucknow	Uttar Pradesh	
337		Barabanki	D	Non Mil	Lucknow	Uttar Pradesh	
338		Hardoi	D	Non Mil	Lucknow	Uttar Pradesh	
339		Unnao	D	Non Mil	Lucknow	Uttar Pradesh	
340		Raebareli	D	Non Mil	Lucknow	Uttar Pradesh	
341	INHS Patanjali	Karwar	D	Mil	Mumbai	Maharashtra	
342	INHS Asvini, Mumbai	Mahad	D	Non Mil	Mumbai	Maharashtra	
343		Mumbai (Navy)	B	Mil	Mumbai	Maharashtra	
344		Mumbai (Upnagar)	D	Mil	Mumbai	Maharashtra	
345		Navi Mumbai (COD	C	Non Mil	Mumbai	Maharashtra	
346		Thane (Nerul)	C	Non Mil	Mumbai	Maharashtra	
347	INHS Jeevanti	Vasco-da-gama	D	Mil	Mumbai	Goa	
348	3 AF Hosp, Amla	Amla	E	Mil	Nagpur	Madhya Pradesh	Nagpur will be Nodal PC.
349	SMO Nagpur	Nagpur	C	Mil	Nagpur	Maharashtra	
350	MH Pulgaon	Akola	D	Non Mil	Naqpur	Maharashtra	
351		Amravati	D	Non Mil	Nagpur	Maharashtra	
352		Wardha	D	Non Mil	Nagpur	Maharashtra	
353	BH Delhi Cantt	DelhiCantt (BHDC)	A	Mil	DelhiH	Delhi	
354		Shakurbasti	B	Non Mil	DelhiH	Delhi	
355		Gurgaon	A	Non Mil	DelhiH	Haryana	

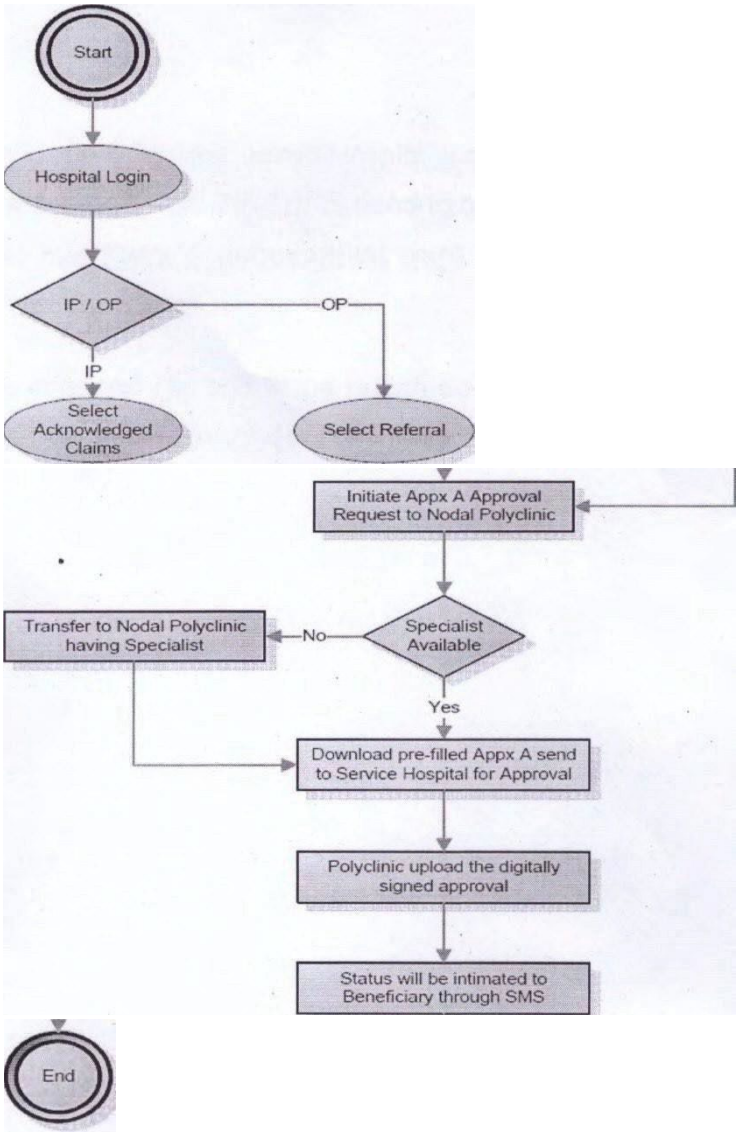
356		Gurgaon(Sohana Rd)	B	Non Mil	Delhi-I	Haryana	
357	7BRD, Tughlakabad	Khanpur	D	Non Mil	Delhi-I	Delhi	
358	SMO AF Stn	Palwal	D	Non Mil	Delhi-I	Haryana	
359		Faridabad	C	Non Mil	Delhi-I	Haryana	
360	PMO INS India	East Delhi Area	B	Non Mil	Delhi-II.	Delhi	
361	11 AFH Hindon	Ghaziabad (Hindon)	D	Mil	Delhi-II	Uttar Pradesh	
362	AFCNew Delhi	Greater Noida	A	Non Mil	Delhi-II	Uttar Pradesh	
363		Noida	A	Non Mil	Delhi-II	Uttar Pradesh	
364		New Delhi (Lodhi	A	Non Mil	Delhi-II	Delhi	
365		Timarpur	C	Non Mil	Delhi-II	Delhi	
366	MH Danapur	Ara	B	Non Mil	Patna	Bihar	
367		Bhaqalpur	D	Non Mil	Patna	Bihar	
368		Vaishali	D	Non Mil	Patna	Bihar	
369		Chhapra	c	Non Mil	Patna	Bihar	
370		Darbhanga	D	Non Mil	Patna	Bihar	
371		Danapur (Patna)	C	Mil	Patna	Bihar	
372		Khaqaria	D	Non Mil	Patna	Bihar	
373		Munqer	D	Non Mil	Patna	Bihar	
374		Muzaffarpur	C	Non Mil	Patna	Bihar	
375		Motihari	D	Non Mil	Patna	Bihar	
376		Madhubani	D	Non Mil	Patna	Bihar	
377		Siwan	D	Non Mil	Patna	Bihar	
378		Samastipur	D	Non Mil	Patna	Bihar	
379		Sitamarhi	D	Non Mil	Patna	Bihar	
380	MH Gaya	Gaya	D	Mil	Patna	Bihar	
381		Buxar	D	Non Mil	Patna	Bihar	
382		Sasaram	D	Non Mil	Patna	Bihar	
383	MH Aurangabad	Aurangabad	D	Mil	Pune	Maharashtra	
384		Buldana	D	Non Mil	Pune	Maharashtra	
385		Nanded	D	Non Mil	Pune	Maharashtra	
386	MH Ahmednagar	Ahmednagar	c	Mil	Pune	Maharashtra	
387		Sholapur	c	Non Mil	Pune	Maharashtra	
388		Osmanabad	D	Non Mil	Pune	Maharashtra	
389		Latur	D	Non Mil	Pune	Maharashtra	
390		Beed	D	Non Mil	Pune	Maharashtra	

Ser No	SEMO	Polyclinics	Type	Mil/ Non Mil	Regional Centre	State	Remarks
391	CH(SC) Pune	Kolhapur	B	Non	Pune	Maharashtra	
392		Satara	c	Non	Pune	Maharashtra	
393		Pune	B	Mil	Pune	Maharashtra	
394		Chiplun	c	Non	Pune	Maharashtra	
395	MH Devlali	Dhule	D	Non	Pune	Maharashtra	
396		Devlali	D	Mil	Pune	Maharashtra	
397		Jalgaon	D	Non	Pune	Maharashtra	
398	MH Kirkee	Karad	D	Non	Pune	Maharashtra	
399		Khadki	D	Non	Pune	Maharashtra	
400		Mirai (Sanqli)	B	Non	Pune	Maharashtra	
401	MH Panaji	Panaji	D	Mil	Pune	Goa	
402		Sindhudurg	C	Non	Pune	Maharashtra	
403	SMC	South Pune	D	Non	Pune	Maharashtra	
404	MH Namkum	Chaibasa	D	Non	Ranchi	Jharkhand	
405		Jamshedpur	D	Non	Ranchi	Jharkhand	

406		Daltonganj	D	Non	Ranchi	Jharkhand	
407		Ranchi	C	Mil	Ranchi	Jharkhand	
408		Gumla	D	Non	Ranchi	Jharkhand	
409		Jashpur	D	Non	Ranchi	Chattisgarh	
410	MH Ramgarh	Dhanbad	D	Non	Ranchi	Jharkhand	
411		Deoghar	D	Non	Ranchi	Jharkhand	
412	MH Trivandrum	Trivandrum	A	Mil	Trivandrum	Kerala	
413		Kilimanur	D	Non	Trivandrum	Kerala	
414		Kottarakara	D	Non	Trivandrum	Kerala	
415		Quilon	B	Non	Trivandrum	Kerala	
416		Srivilliputtur	c	Non	Coimbatore	Tamil Nadu	
417		Mavelikara	D	Non	Trivandrum	Kerala	
418		Pathanamthitt	B	Non	Trivandrum	Kerala	
419		Ranni	D	Non	Trivandrum	Kerala	
420		Trivandrum(Med College)	D	Non Mil	Trivandrum	Kerala	
421		Nagarcoil	D	Non	Trivandrum	Tamil Nadu	
422		Tirunelveli	c	Non	Trivandrum	Tamil Nadu	
423		Tuticorin	D	Non	Trivandrum	Tamil Nadu	
424	INHS Kalyani	Jagdalpur	D	Non	Vizag	Chattisqarh	
425		Kakinada	D	Non	Vizag	Andra Pradesh	
426		Srikakulam	D	Non	Vizaq	Andra Pradesh	
427		Vishakapatna	c	Mil	Vizag	Andra Pradesh	

Appx'C

(Refers to para 3 (d) of CO ECHS letter No B/49774/AG/ECHS/Referral/2021 dt09 Dec 2021) Work Flow



Appx 'D'

(Refers to para 3 (d) of CO ECHS letter No B/49774/AG/ECHS/Referral/2021 dt 09 Dec 2021)

INSTRUCTION FOR USERT FORONLINE APPLICATION OF UNLISTED PROCEDURE- APPENDIX 'A' AND ITS APPROVAL

Introduction

Health Care Offices (Hospitals/ Diagnostic Centre I Dental Hospitals) on requirement of any Unlisted Procedure which requires approval from the ECHS need to be applied online from the Bill Processing Agency (BPA) Site (www.echsbpa.uititsl.com). The approval of the Appendix A will be given by the Nodal Polyclinics.

This system will affect two groups of users. The first is the Health Care Offices (Hospitals/ Diagnostic Centre / Dental Hospitals), while the second is the Nodal Polyclinic User (OIC).

INSTRUCTIONS FOR HOSPITALS

Hospitals can raise the application for the Unlisted Procedure for both IP patients and OPD patients. For raising the request IP Patient claim should have been acknowledged and in case of OPD the claim of the patient is not submitted. After submitting the claim related details in the system Hospital has to mandatorily download the pre-filled Appendix A from the system and after the seal and signature of the treating doctor the digital signed copy of the Appendix A has to be uploaded in the system.
Follow the instructions for the application of online Unlisted Procedure - Appendix A as under: Login to the application:

Login to the application using the URL: https://www.echsbpa.utiitsl.com/ECHS

ECHSSOP
Beneficiary Claim Status Hospital Details Beneficiary Login

1. Login Account

For Individual Reimbursement of Medical Claim, Click Here

2. Go to the link Activities > Unlisted Procedure and enter the Claim ID and submit for which Unlisted Procedure has to be applied

The detail of the claim will come and Click the hyper linked Claim ID for entering the details of application.
Cancel Claim
Cancel! Accepted
Referral Stay/Extension
Unlisted Procedure - NMI Stay
Extension - NMI Status -
Extended Stay Unlisted
Procedure
Download Unlisted Procedure Status
- Unlisted Procedure

Check the details of patient for application of Unlisted Procedure. Claim ID .09999999

Name Of ESM Patient

Name Admission Date 14/03/2014 14:50 Patient Name
Patient Name Relation wife Expected Discharge
Date 20/08/2014
Details Admission Details of Unlisted Procedure Documents i Cancel Claim
Cancel Accepted Refers!
Stay Extension
Unlisted Procedure NMI Stay
Extension NMI Status -
Extended Stay Card Details
" Card ID * Name Of ESM " Service" Card Type 99999999
Patient Name Anny
Pensioner

Personal Information
" Relation with Card Holder wife

" Patient Name
Patient's Aadhaar/UID Card Status
Patient's Aadhaar/UID Number Address
Patient Name
NA
167
TENGU
CHITAPUR
"City GULBARGA
State Karnataka
" Mobile (Don't start with 0) 99999999 or '
Service No. 99999999
' White Card Applicable No " Rank
Nb Sub / Ris

'Category Semi-Private
Gender Female " Age 50 Pin
Code Email
Phone

Go in the tab Details of Unlisted Procedure and give the relevant information. If the Hospital intends to do more that one procedure they can add more than one by

Go to Documents Tab and Upload the supporting document for procedure request. The scanned document should be in PDF format and as per the requirement of site. Enter the remarks and submit.

Menu

Claim ID vwwvvv

Name Of ESN Name Name

Admission Date 14/08/2014 14:50

Application For Pre-Authorization of Unlisted Procedures

Patient Details h Admission I! Details of Unlisted Procedure h Documents The document must be scanned at minimum resolution of 200 DPI. Cancel Claim

Cerce Accepted Retera Download

Unlisted Procedure Stay Extension •

NMi

Status Ursted Procedure Star

Extension

UnlistedProcedure • NMJ Status

- Extended Stay

SrI Document Type HSM

Unlisted Proc. Supporting Documents [unlisted Proc.

Documental

Patient Name Patient Name

Relation Wife

Expected Discharge Date 20/08/2014 Doc. Type

File Name

Choose File I No filechosen File Size

I Remarks

2Q2$532 P Unlisted Praggd.ur.e.QoxjJineaLpd.f 8 KS

Digitally Signed

upload

Remove

After the submit of the application a confirmation message will come for Download the Appendix A and upload from the Download Unlisted Procedure.

Confirmation notice window I
Request For Approval Pending To Be Sent To
Polyclinic. Visit Download Unlisted Procedure Link And Download The Request Form And Upload After Seal And Signature
Close

Go to the link Download Unlisted Procedure and download the Appendix - A by clicking the link 'Download Appendix - A'. Afer the seal and signature and digitally signing the Appendix A upload it under the link 'Upload Signed Appendix A'. In case of wrong upload you can delete the uploaded document. And this will complete the application of the Unlisted Procedure - Appendix A to the Polyclinic.

Menu

Sr.No	Claim ID	Count	Applied Date	Estimated Cost	Download	Upload
1	99999999	2	2021	740000.00	fiaanto	.P.e.tei«.AR p.finto-A
2	99999999	2	20Z1	740000.00	Download AppendixA	Delete Appendix-A
3	99999999	2	2021	9000.00	A	Upload Signed Appcndix-A

Cancel Claim

Cancel Accepted Referral Stay Extension
Unlisted Procedure - NHI Stay Extension - NMI Status - Extended Stay Unlisted Procedure
Status - Unlisted Procedure

For checking the status of the Unlisted procedure user can click the link Activities Status - Unlisted Procedure as given in the screen below

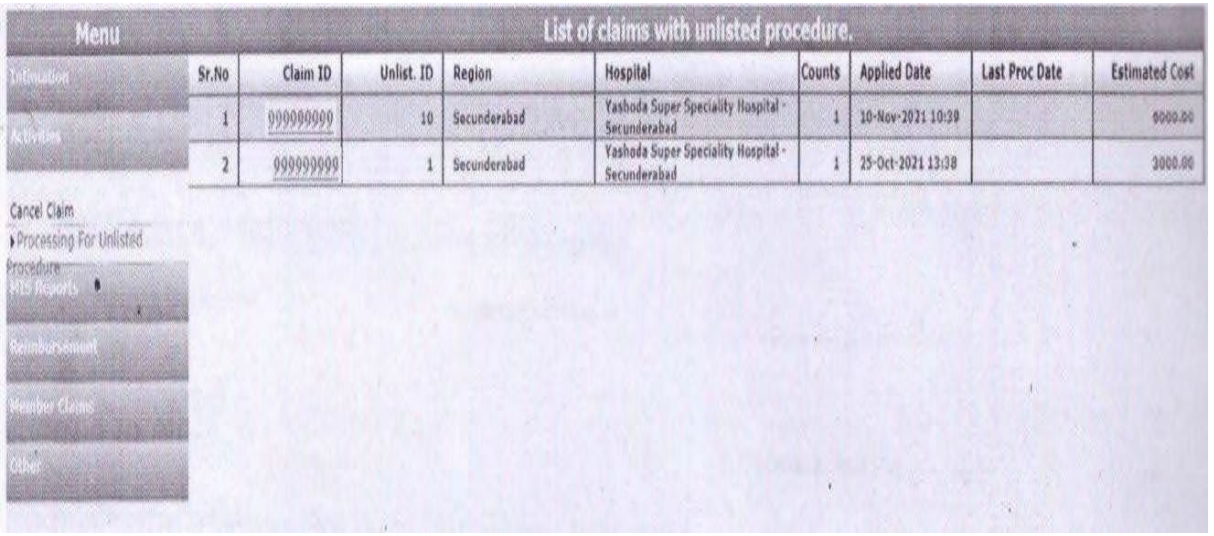
Menu — Unlisted Procedure - Status

iMimS'krn	Sr.No	Claim ID	Applied	Reason	Est.Cost	Sanc.Cost	Process Date	Status
	1	99999999	1O-Nov-	Unlisted Procedure	6000.00	0.00		Applied
	2	99999999	OS-Now-	Unlisted Procedure - 1	2000.00	2000.00	05-NOV-	Approved
	3	99999999	05-Nov-	Unlisted procedure - 2	3500.00	3000.00	05 Nov-2021	Approved
	4	99999999	02-NOV-	wefevrtwetw	700000.00	0.00		Transferred to Chennai
Cancel Accepted	5	99999999	02-NOV-	New Proc	40000.00	0.00		Transferred to Chennai
Stay Extension	6	99999999	01-Now 20	reques for unlisted	20000.00	20000.00	01 Nov-2021	Approved
Unlsted Prucedj'e - *M	7	99999999	01-Nav-	Unlisted Procedure - 1	200.00	200.00	Ol-Nov-	Rejected
Sta,-Extensor • UMI	8	99999999	Ol-Nov-	Unlisted procedure - 2	2500.00	2000.00	Ol-Nov-	Approved
Status■ Extended Stay 9		99999999	Ol-Nov-	Unlisted Procedure 1	3000.00	3000.00	01-Nov-	Approved.
Download Unlisted	10	99999999	30-Oct-2021	sfasf	5000.00	5000.00	3O-Oct-	Approved
► Status - Unlisted 11		99999999	25-Oct-2021	Unlistedprocedure - 2	4000.00	3000.00	26-Oct-2021	Approved
'IW«mr<h	12	99999999	25-Oct-	Unlisted Procedure - 1	2586.00	2586.00	26-Oct-2021	Approved
i mnncn!								

INSTRUCTIONFOR POLYCLINIC USER (QIC POLYCLINIC)

The Polyclinic user (OIC Polyclinic) will receive the online application of Unlisted Procedure - Appendix A. The user will download the application (Appendix A) and will forward to the Specialist at Service Hospital. If Specialist is not available then the application will be transferred to other Nodal Polyclinic for the approval from Specialist. After approval by the Specialist the Appendix A will be uploaded in the website of UTIITSL (https://www.echsbpa.utiitsl.com/ECHS) after digitally signing by the OIC, Polyclinic. The steps to be followed along with the screen shot is given below:

Click the link Activities > Processing for Unlisted Procedure. This will give the list of the unlisted procedure application pending for approval/rejection.



Sr.No	Claim ID	Unlist. ID	Region	Hospital	Counts	Applied Date	Last Proc Date	Estimated Cost
1	999999999	10	Secunderabad	Yashoda Super Speciality Hospital - Secunderabad	1	10-Nov-2021 10:39		9000.00
2	999999999	1	Secunderabad	Yashoda Super Speciality Hospital - Secunderabad	1	25-Oct-2021 13:38		3000.00

After clicking the claim ID the details of the application for unlisted Procedure will come. Verify the patient details and download the Appendix A from the uploaded document Tab. Send this to the Specialist at the Service Hospital for approval in the hard copy (physically). After getting the approval open the Tab Details of Unlisted Procedure and select the procedure and approve the amount as per the approval by the Specialist. After this upload the signed copy and digitally signed Appendix A from the Specialist. Go to Final Submission tab and upload the Appendix A. Once uploaded it can be deleted by the user.

EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME

Appendix A

Approval for Unlisted Procedure/ImplanVTest at empanelled hospital

Part-1 (To be filled by the empanelled hospital)

Claim ID.	99999999	Polyclinic	Secunderabad 2nd(Bowenpally)
Name of Patient	Patient Name Patient Name	Age	76
Gender	Male	Relationship with ESM	Self
Service Nc	99999999	Registration No	999999991
ESM Name	Patient Xante Patient Xante	Force Type	Air Force
ESM Contact Number	99999999 5	Email ID	
Hospital	Yashoda Super Specialty Hospital - Secunderabad		

Proposed treatment procedure/test/implant

			Estimate		Sanctioned	
Sr.No	Procedure	Diagnosis/Reason	Units	Amount	Units	Amount
1	Unlisted Procedure -1	Some reason	1	2000.00		
2	Unlisted procedure - 2	Some vague reason	1	3500.00		
Total Estimated Cost				5500.00		

Rupees(Amount in words **FiveThousand Five Hundred**)

Case summary including investigation reports attached [ ] Yes [ ] No

Remarks

Date ---------- Signature & stamp of treating physician/consultant

Part-II Endorsement by QIC Polyclinic

Received Date ---------- Sent to SMO Date & Time & Time

Part-III To be filled by SEMO/SMO/PMO/CMO (Tick on only one which is applicable)

[ ] Approved [ ] Not Approved Forwarded For Approval To----------

Date & Place ---------- Signature& stamp of SEMO

Part-IV To be filled by approving authority other than SEMO/SMO/PMO/CMO. Tick on which is applicable

[ ] Approved [ ] Not Approved

Remarks Date & Place

Signature & stamp

Appendix A format.

I UnlistedProcedure
Status
Cost to besanctioned '
Remarks
Approval Copy Of Appendix A Upiosd Approval Remarks
Status - Unlisted Procedure".
99999999
Patient Name 14/08/2014 14:50 J DaU
I 10 -11 -202:1
I 10:39
Claim ID 99999999 Name Of ESHPatieut Name Admission Date 14/08/2014 14:50 Recommend for procedure 6000.01
Claim ID
Name Of ESM
Admission Date
Approval process of Unlisted Procedures
Patient Name Patient Name
Relation Wife
Expected Discharge Date 20/08/2014 Carte

Patient Details | Referral Uploaded Documents Details of Unlisted Procedure (1 Counts) ' final Submission ' Justification/Remarks
Estimated Cost | Status
Details of diagnosis and reason to conduct I 6000.00 | Applied
Screen for entering the details of approved amount or reject the Unlisted Procedure request
Approval process of Unlisted Procedures

Patient Name Patieut Name
Relation Wife
Expected Discharge Date 20/08/2014
Patient Details Referral Uploaded Documents Details ol Unlisted Procedure - (1 Counts) ; Final Submission Secunderabad Select Nodal [Subn.lt
Screen for uploading the Appendix A or transfer the application to other Nodal Polyclinic.

In case where the Specialist is not available with the Service Hospital the Nodal Polyclinic can transfer the request to other Nodal Polyclinic. This can be done by selecting the drop down “Transfer to Other Nodal PC” and selecting Yes and then select the Region and Nodal Polyclinic and after entering the remarks can Submit. This will transmit the online application of Unlisted Procedure to the other Nodal Polyclinic. After approval from the service hospital this polyclinic will upload the signed and digitally signed copy of Appendix A and this approval will go to the concerned Hospital. Hospital

PRIORAPPROVAL : UNLISTEDPROCEDURES/TESTS/IMPLANTS

Reference

1. Ourletter No B/49773/AG/ECHS dt 12 May 06.
2. Ourletter No B/49778/AG/ECHS dt 14 Dec 10.

Background

3. The prior approval procedure of ECHS as elaborated in our letter under reference at Para 1 was reviewed in light of experience gained thus far and recommendations on the subject received in response to our ibid letter at Para 2. After due deliberation revised procedure has been formulated and the same is enumerated in succeeding paragraphs.

Prior Approval

4. Prior approval will be required only for those procedures, implants and tests (diagnostic) which are not listed in CGHS rate list of procedures/investigations/ceiling rates of implants. P rior approval for all such cases will be obtained by fastest means of communication to include fax and e-mail from ECHS Polyclinic. Approving authorities for poor approvals are as follows

Cost of procedure/test/implant	**Approving Authority**
(a) Less than two lakhs	SEMO/SMO/PMO/CMO
(b) Two to four lakhs	Service Specialist in concerned specialty
(c) Abovefour lakhs	Concerned Senior Advisor/Consultant at Zonal/Comd Hosp [(for NCR- BHDC/ AH (R&R)]

Channel for Seeking Prior Approval

5. The onus of obtaining prior approval is on the empanelled hospital. 11 has been experienced that the hospitals have not lived up to expectations in this regard and have forced/coerced patients/their kin to run around with the prior approval documents from hospital to approving authorities. This shall not be accepted henceforth. The hospitals violating this procedure will invite disciplinary action for disempanelment/blacklisting. The will be sent by courier/ post/fax/e-mail and not by hand.

6. All prior approvals will be initiated by the Empanelled Hospital where the ECHS patient is undergoing treatment. It will be initiated on the proforma attached as Appx 'A' to this letter, the proposed procedure/test is carried out. It is mandatory that the treating Specialist/Consultant attaches a detailed case summary justifying the proposed procedure/ test/implant with the Appx A.

7. Thechannel of seeking prior approval is represented diagrammatically at Appx B.

8. The Empanelled Hospital initiating the Appx A will adopt the fastest means to forward same to the concerned Polyclinic. The OIC Polyclinic will forward the documents to SEMO without delay. SEMO will dispose off all cases up to Rs two lakhs. Cases upto four lakhs will be forwarded to nearest service specialist and those beyond four lakhs will be forwarded directly to Senior Advisor/Consultant.

9. The approving authority after endorsing remarks/approval will forward the proforma sack to the SEMO

10. If the SEMO/approving authority feels that the situation is emergent, he/she can communicate his/her opinion directly to the concerned Empanelled Hospital by fax/telephone. This has to be followed by sending the original ink signed hard copy to the concerned Polyclinic.

Emergency Conditions

11. In certain emergency situations due to the urgency of the case or to save life or limb of a patient, prior approval may not be possible. In all such cases the proposed treatment should continue. Emergent/life saving treatment will not be denied on the plea that 'Prior Approval' needs to be obtained. However, the concerned Empanelled Hospital will, in discharge summary, give a detailed justification of the cause as to why the prior approval was not obtained for that particular procedure/test. There is no provision, however, of an ex post facto 'Prior Approval' and the Proforma (Appx A) will NOT be used in such cases.

Disposal

The ink signed copy of prior approval, duly approved by the competent authority, will be attached in original along with the bills being submitted by the Empanelled Hospital for payment.

Conclusion

13. With the simplification of prior approval procedure it is expected that patients and their relatives will not be put to avoidable hardships. Stn HQ are requested to ensure that the aforestated instructions are communicated to all the Empanelled Hospitals/Nursing Homes/Diagnostic Centres in their AOR and that the Proforma for prior approval as per Appx A to this letter is made available in sufficient quantity to them.

14. Our letter No B/49773/AG/ECHS dt 12 May 2006 is superseded.

Sd/- XXX

MD ECHS

Authority : B/49778/AG/ECHS/PA/Ruling 28 Jun 2011

Appx A

(Refers to Para 6 of Central Organisation ECHS letter No B/49778/AG/ECHS/PA/Ruling dt 28 Jun 11)

ECHS Membership No ----------

APPROVAL FOR UNLISTED PROCEDURE/IMPLANT/TEST AT ECHS EMPANELLED HOSPITAL

PART -1 (To be filled by the Empanelled Hospital)

1. Name (Patient) ---------- 2. Relationship with ECHS'Member ----------
3. No. ..... 4. Rank ..... 5. Name (Member) .....
6. Hospital ----------
7. Diagnosis

---

8. Proposed Treatment Procedure/Test/Implants .....
9. Estimated Cost (Rs) ---------- (in words) ----------
10. Case summary including investigation reports attached (Yes/No)----------11. Remarks -------
12. Date ---------- 13. Signatures & Stamp of Treating Physician/Consultant ----------

PART II - ENDORSEMENT BY QICPOLYCLINIC

14. Received on ------(date) at -----(time) and forwarded to SEMO on --------- at----------.

(OICPolyclinic)

PART II (To be filled by the SEMO/SMO/PMO/CMO)

15. * APPROVED/NOT APPROVED/FORWARDED FOR APPROVAL TO (competent approving authority)
---

16. Date.....* 17. Place 18. Signatures & Stamp of SEMO ('Strike out whichever is not applicable)

PARTIII (To be filled by approving authority other than SEMO/SMO/PMO/CMO if applicable)

19. Remarks ----------

APPROVED/NOT APPROVED

20. Date ---------- 21. Place ---------- 22. Signature with Stamp ----------

Note

1. Empanelled Hospitals will forward this form directly to the OIC Polyclinic. Necessary case summary alongwith investigation reports will be enclosed by the Hospital.
2. SEMO will fwd the case summary & documents directly to the approv ng authority (if required) with recommendations.

3. In emergencies, the hospital may proceed with the treatment/test orocecure and justify the cause in discharge summary.

Appx B

(Refers to Para 7 of Central Organisation ECHS letter No B/49778/AG/ECHS/PA/Ruling dt 28 Jun 11)

PRIOR APPROVALS : UNLISTED PROCEDURES/TESTS/IMPLANTS (CHANNEL OF APPROVAL)

See Note 2

Upto Four Lakhs EMPANELLED HOSPITAL

See Note 2

Above Four Lakhs Nearest Service Specialist

SeniorAdvisor/Consultant at nearest Zonal/Comd Hospital

Notes

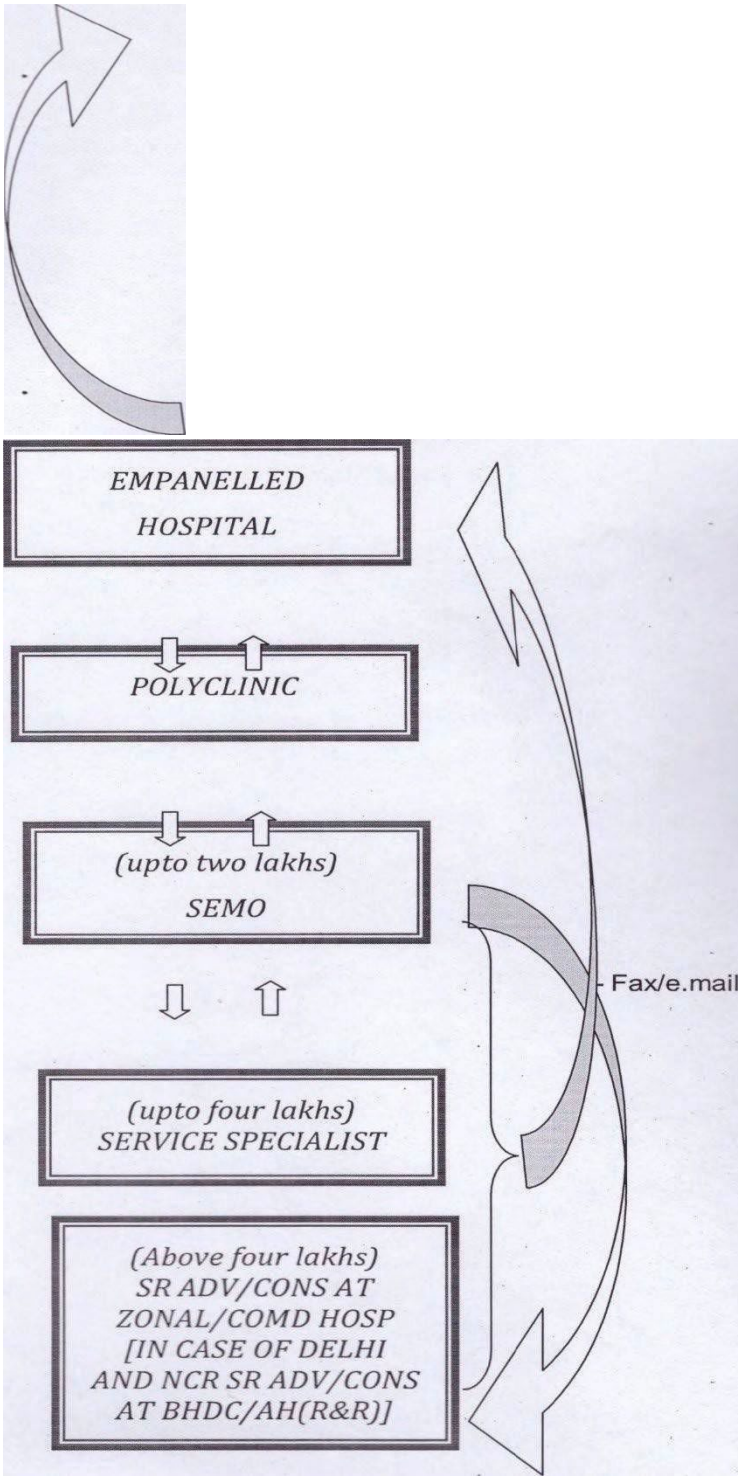
1. Movement of the Proforma for Prior Approval should be by fastest possible means.
2. Sanction be faxed/e-mailed to empanelled hospital to avoid delays. Ink-signed hard copies may follow as per channel indicated above.
3. In case of Prior Approvals above four lakhs the OIC ECHS will endorse a copy of approval to Regional Centre, ECHS for record.
4. It is mandatory to attach the original approved copy with the bills being submitted.

Appx B

(Refers to Para 8 of Central Organisation ECHS letter No B/49778/AG/EC HS/PA/Ru li ng dt Jun 11)

PRIORAPPROVALS : UNLISTED PROCEDURES/TESTS/IMPLANTS

(CHANNELOF APPROVAL)


EMPANELLED HOSPITAL
POLYCLINIC
(upto two lakhs) SEMO
Fax/e.mail
(upto four lakhs) SERVICE SPECIALIST
(Above four lakhs) SR ADV/CONS AT ZONAL/COMD HOSP [IN CASE OF DELHI AND NCR SR ADV/CONS AT BHDC/AH(R&R)]

Notes

1. Movement of the Proforma for Prior Approval should be by fastest possible means.
2. Sanction be faxed/e-mailed to empanelled hospital to avoid delays. Ink signed hard copies may follow as per channel indicated above.
3. In case of Prior Approvals above four lakhs the OIC ECHS will endorse a copy of approval to

Regional Centre, ECHS for record.

4. It is mandatory to attach the original approved copy with the bills being submitted.

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt- 110010

09Dec 2021

B/49774/AG/ECHS/Referral/2021

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

REVISION OF GUIDELINES REGARDING SIMPLIFICATION OF REFERRAL SYSTEMS UNDER ECHS

1. Pl. ref GoI MoD (DoESW) letter No. 22D (06)/2019(WE)/D(Res) dated 03 Feb 2020 (copy att).
2. GoI has simplified the referral systems under ECHS beneficiaries vide their letter as quoted in Para 1 above. The provisions now applicable for ECHS beneficiaries are as under.
   (a) Referral from ECHS Medical Officer/ECHS Specialist for consultation with Specialist at Private Hospitals Empanelled under ECHS shall be valid for 30 days in the same hospital.
   (b) Referral shall be valid for consultation upto 03 times in the same Hospital within 30 days.
   (c) Referral shall be valid for consultation with a maximum of 03 different Specialist, if required during a single visit.
   (d) Advice of ECHS Medical Officer/Specialist for listed investigations shall be valid for a period of 03 days.
   (e) Advice of ECHS Medical Officer/Specialist for listed treatment procedure shall be valid for a period of 03 months.
   (f) If any listed investigation advised by Specialist of Empanelled Hospital is required urgently as a medical emergency and certified as such, may be undertaken at the same Hospital.

Cont. ….2/-

3. ECHS beneficiaries aged 75 years and above shall be permitted to seek direct OPD Consultation from Specialist of Private hospitals Empanelled under ECHS without referral from ECHS Polyclinic. However, medicine prescribed will be collected only from Polyclinic. If any investigations/ procedures are advised and are required in emergency, no other authorization is required and the same may be undertaken. However, in non-emergency conditions approval of competent authority is required if any non-listed investigations/ procedures are advised. Medicines prescribed will be collected only from Polyclinics.

4. Critically ill ECHS beneficiaries shall be permitted for follow up treatment in ECHS Empanelled Hospitals as per the details given under :-

(a) Permission/ Referral for post-operative follow-up treatment in respect of following post- operative conditions requiring frequent Consultations from. Specialist at Private hospitals Empanelled under ECHS need not be re-validated from time to time on each occasion of the follow up treatment Which may be under taken at CGHS rates without time limit. However it is advised to patients to revalidate the referral from PC once in six months.

(b) Theconsultation/ investigation are permitted under these follow-up cases. The conditions covered are:-

(i) Post Cardiac Surgery Cases including /coronary Angioplasty.

(ii) Post Organ transplant Cases (Liver, Kidney, Heart etc.)

(iii) Post Neuro Surgery Cases/Post brain Stroke cases requiring regular follow- up treatment.

(iv) End Stage Renal Disease/ follow up cases of Liver Failure.

(v) Cancer treatment.

(vi) Auto-immune disorder like Rheumatoid Arthritis requiring regular follow- up.

(vii) Neurological disorder like Dementia, Alzheimer's disease, perkinsonisrn etc.

(c) Medicines prescribed may be provided by ECHS Polyclinic.

(d) However, if any non-listed investigation/procedure are advised, during the follow up permission/ referral from competent authority shall be required except in emergency.

Cont…..3/-

5. The action to be taken by various agencies are enumerated in the succeeding paragraphs :-

(a) <u>Action to be taken by Policlinics/ centeres</u>

(i) Referral shall be valid for consultation up to 03 times in the same hospital within 30 days. Validity of claim ID once used during the first visit needs to be extended for the next two visits also. Necessary changes in the UTI website will be carried out by CO ECHS.

(ii) Referral shall be valid for consultation with a maximum of 03 different Specialists, if required during a single visit. If the specialist at the pvt.Emp. Hospital suggests for cross consultation then the same needs to be endorsed in the OPD note.

(iii) Separate dropdown menu in the BPA portal for uploading the claims by the Emp hospital in r/o veterans above 75 years age who have been neither referred nor are emergency cases will be made by BPA.

(iv) Validity of referral is not exceeding 30 days.

(v) Not more than three consultations have been taken on one referral.

(vi) Not more than three specialists have been consulted on one referral with due justification in clinical notes.

(vii) All pls as per Para 2 above are to be checked.

(viii) In case of veterans more than 75 yrs of age, the claims will be generated without any referral from the PC only for OPD consultation and emergency procedures, Referral will be required for non-emergency procedures.

(b) **<u>Action to be taken by Emp Hosps</u>** Emp Hosps will ensure the following :-

(i) All pts mentioned in Para 2 will be implemented in letter and spirit.

(ii) For Para 2(f) the info to PC is sent within 48 hours.

(iii) For Para 3the claims will be uploaded in the separate dropdown menu of BPA portal for various more than 75 years of age who have been neither referred nor are emergency cases.

(iv) For Para 4 the hosp will advise patients for review at PC after six months

(c) **Action to be taken by BPA**

(i) **SDCPL** It is required to incorporate the default provisions in referral generation module of software as mentioned vide Para 2 to 5 above, at respective touch points and confirm implementation status within seven days. A workflow in respect of same should also be submitted.

(ii) **UTI/ ITSL** It is requested to incorporate provision mentioned vide Para 2 to 5 above in the claim initiation and referral acceptance procedure of empanelled hospitals in your online module and submit the workflow for same. The BPA teams should also advised to take a note of these provisions in processing of online bills.

6. This policy shall be effective from date of issue of GoI MoD (DoESW), letter mentioned at para 1 of of this letter.

7. For your Info and necessary action pl.

(Anupam N. Adhaulla)
Col
Dir (Med)
For MD ECHS

Encls : As above

Copy to :-

MoD(DoESW) -DGA MS/DG-3A DGMS (Army)/DGMS-5(B) DGMS (NAVY)/Dir ECHS (Navy)/Dir ECHS (Navy) DGMS (Air Force)(Med-7) DGMS CGMA	-	for info wrt you letter under ref for info please.
UTI-ITSI 153/1, Above Farico Show Room First Floor, Old Madras Road Halasuru, Bangalore Karnatka-560008		-for info please.

Internal

(Ops & Coord) Sec, Claims Sec

Tele: 011-25683476
Mil : 36833

BY REGD SDS / BY POST
Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army)
Thimayya Marg,
Near Gopinath Circle
New Delhi- 110 010

B/49770/AG/ECHS/Claims/Policy

14 Dec 2021

(All Regional Centres)

REVISEDPROCEDURE FOR PROCESSING OF WAIVERS AND SANCTIONS: ONLINE CLAIMS

1. Refer Cent Org ECHS letter No B/49778/AG/ECHS/Claim/Policy dt 30 Aug 2017.

2. The present procedure being followed in case of claims with discrepancy in overlapping of admission and discharge date is that the cases are examined in detail by RC and fwd to Cent Org ECHS with due justification and recommendations of Dir RC. Cent Org ECHS further gives the sanction / concurrence for processing of such claims. In more than 99% of such cases, the fault is of the first hospital by wrongly mentioning the discharge date / time due to which the second hospital is unable to upload the claim.

3. To resolve the delay in payments in cases of overlapping claims, the following amendments are suggested:

   (a) The RC will examine the case in detail consulting both the affected HCOS with due diligence. The HCOs will be given a period of 30 working days / 03 Reminders (At the end of 1st, 2nd & 3rd weeks) to respond to the queries raised by the RC

   (b) Depending upon the merit of the case, Dir RC with his recommendations will instruct the BPA to make necessary amendments in discharge time of the erring HCO and ensure necessary deduction as applicable as per the actual time of discharge.

   (c) In case the first HCO (for which the claim is already settled) does not respond to the queries raised by the RC within the stipulated time period given at Para 3 (a) above, Director RC will instruct the BPA to deduct the amount equivalent to the overlap period of the settled claim of the first HCO from their subsequent claims.

   (d) As per the recommendations of Dir RC, the BPA will further enable the claim processing of the second concerned hospital for which the uploading of claim is still awaited.

4. This has the approval of MD ECHS.

5. This is for your info and necessary action please.

(K B Rana)
Surg Capt
Joint Dir (Med)
for MD ECHS

Copy to :

UTHSTL - for information please.

Internal

Medical
C&L
Ops & Coord - foryourinfopl
P&FC
S&A

Tele: 011-25682870
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
NearGopinath Circle
Delhi Cantt - 110010

B/49770/AG/ECHS/Treatment/2021

20 Dec 2021

Regional Centre ECHS Kochi-682004

STATEMENT OF CASE FOR SPECIAL SANCTION BY MoD FOR APPLYING FOR WHITE CARD FOR DEPENDENT SON SUFFERING FROM DISABILITIES OF CRITICAL NATURE COVERED UNDER PWD ACT 2016, MR ANANDU ANIL SON OF ESM ANILKUMAR EV, SUFFERING FROM POLYCYTHEMIA

1. Refer the fwg:

   (a) Your letter No 165/ECHS/ONLINESMARTCARD/2021 dated 23 Nov 2021..
   (b) CO ECHS letter No B/49701-PR/Gen/AG/ECHS/2021 dated 10 Dec 2021 (copy att).

2. You are requested to re-consider the subject case as per CO ECHS letter mentioned at Para 1 (b) above.

3. Also fwd the Statement of Case to include the following aspects :

   (a) **Background of the case.**

   (b) **Justification:**

      (i) Medical Criticality.
      (ii) Financial Prudence.

   (c) **Recommendations.**

4. Apropos, re-submit the case duly scrutinized alongwith complete documents for further processing by Central Org ECHS (Ops & Coord) Sec.

5. For your info and necessary action.

(KB Rana)
Surg Capt
Jt Dir (Claims)
for MD ECHS

Encls. As above.

Copy to :

All Regional Centres	-	1.	For info and necessary action as per Para 2 to 4 above for processing Special Sanction cases on similar lines.
		2.	For information and compliance pl.

Tele : 011-25684847
ASCON: 36832
Fax: 011-25684946
Email: diropsechs-MoD@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110010

B/49701-PR/Gen/AG/ECHS/2021

10 Dec 2021

All Regional Centres ECHS

ELIGIBILITY OF PERMANENTLY DISABLED UNMARRIED SON OF A ECHS BENEFICIARIES TO AVAIL ECHS FACILITY

1. Ref MoD (DoESW) letter No 18(77)/2017/E/D(Res-1) dt 18 Sep 2018 on the subject (copy encl).

2. It is reiterated that ECHS benefits are entitled to dependent disabled son beyond 25 yrs of age subject to the following eligibility conditions;

   (a) His disability should not be less than 40%.

   (b) The disability should be listed in PWD Act 2016.

   (c) He should be unmarried.

   (d) He should be financially dependent and his income should be less than Rs 9000/- per month plus DA thereon.

3. Applications are being regularly received through Regional Centres for grant of special sanction of the MoD for sons of ECHS beneficiaries who suffer from medical conditions not listed in the PWD Act 2016 and who do not meet the eligibility criteria, Directors Regional Centres are advised to scrutinize the applications for their eligibility as per the extant policy,

4 Cases not meeting the eligibility criteria may be considered to be processed in extreme compassionate cases on deserving grnds for obtaining special sanction of MoD as rare cases.

5. For information and compliance pl.

(RajeshDogra)
Col
Dir(Ops&Coord)
for MD ECHS

Encls: (As above)

Tele: 25683476

Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle Delhi
Cantt-110010

B/49770/AG/ECHS/Treatment/Policy

29Dec 2021

(All Regional Centres)

POLICY ON PRIOR SANCTION ON APPX A FOR INVESTIGATIONS

1. Pl ref CO ECHS letter No B/49770/AG/ECHS/Treat/Policy/2021 dt 26 Oct 2021.

2. Oflate it has been obs that several ECHS beneficiaries are reporting to empanelled HCOs with the investigations prescribed on the long treatment note book by MOs/Spl Offrs of AFMS hospitals as authority to conduct the unlisted investigation.

3. There is a need to disseminate the contents of letter mentioned at Para 1 above to all ECHS beneficiaries being referred to AFMS hospitals by the OIC PCs. The required unlisted investigation has to be written on AFMSF-9 (Investigation Slip), signed by Pathologist/Radiologist and countersigned by CO/Comdt/SEMO/SMO/ PMO/CMO.

4. The contents may be widely disseminated to all PCs under your AOR.

5. This has approval of MD ECHS.

(SKGupta)
Col
Jt Dir (Med)
for Dir (Med)

Copy to :-

MoD/DoESW DGAFMS/DG-3A DGMS (Army)/ DGMS — 5 (B) DGMS (Navy)! Dir ECHS (Navy) DGMS (Air Force) (Med-7)	-	for info pl.
Office of the CGDA Ulan Batar Road Palam, Delhi Cantt -10		
UTI-ITSL Surabhi Arcade 1st Floor 1-664, Bank Street, Hyderabad-5000001	-	for strict compliance 5-

Internal

Ops & Coord	-	for info pl.
Stats & Automation Sec	-	for uploading this letter on ECHS website. Med
Branch (Claims)	-	for info pl.

Tele: 36833

Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle Delhi
Cantt — 110010

B/49770/AG/ECHS/Treatment/2021

30 Dec 2021

(All Regional Centres)

CONDUCT OF POST MORTEM IN HOSPITALS AFTER SUNSET

1. Refer to MoD, DoESW letter No. 48(02)/2021/WE/D(Res-1) dated 03 Nov 21. (copy att).

2. MoD, DoESW vide letter ibid is forwarded herewith with enclosure.

3. For your info and necessary action.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Encls:- As above.

Ministry of Defence
Department of Ex-Servicemen Welfare
D(WE)

Sub: **Conduct of Post-mortem in Hospitals after sunset- reg.**

1. Please find enclosed herewith a copy of letter No. H-11021/07/2021-H-1, dated 15.11.2021 received from US (Hospital-1 Section), M/o H &FW, Nirman Bhawan on the above mentioned subject,

2. CO, ECHS is requested to examine the matter and take necessary action at your end.

Encl: **As above**.

(N.C. Pasi)
Under Secretary (WE)
Tel: 2304946

MD, ECHS
MoD ID. No. 48(01)/2021/WE/D(Res-1) Dated 24.12.2021

Copy to: Sh. Ganesh Kumar, Under Secy., Hospital-1 Section, M/o Health & Family Welfare, Nirman Bhawan, New Delhi.

MOST URGENT

F. No. H-11021/07/2021-H-|
Government of India
Ministry of Health & Family Welfare
(Hospital-I Section)

Nirman Bhawan, New Delhi
Dated 15.11.2021

Subject: **Conduct of Post-mortem in Hospitals after sunset -reg.**

1. With reference to the above mentioned subject, multiple references have been received in the ministry from various sources.

2. The issue has been examined by a technical committee in the Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India. It has been ascertained that some institutes are already performing night- time post-mortem. In view of the rapid advancement and improvement in technology, especially availability of required lighting and infrastructure for post-mortem, performing night time post-mortem in hospitals is feasible.

3. Therefore, it has been decided that post- mortem after sunset can be conducted at hospitals which have the infrastructure for conducting such post- mortem on a regular basis. The fitness and adequacy of infrastructure etc. shall be assessed by the Hospital In-charge to ensure that there is no dilution of evidentiary value.

4. However, cases under categories such as homicide, suicide, rape, decomposed bodies, suspected foul play should not be subjected for post-mortem during night time unless there is a law and order situation.

5. Post-mortem for organ donation should be taken up on priority and be conducted even after sunset, if adequate infrastructure is available.

6. It is also to be ensured that video recording of post-mortem shall be done for all night time post-mortem, to rule out any suspicion and preserved for future reference for legal purposes.

7. This issues with the approval of Competent Authority.

(Ganesh Kumar)
Under Secretary to the Govt. of India
Tele: 23063481

Copy to:-

1. All concern Ministries/Departments.

2. All State Government and Union Territories.

3. NIC with the request to upload the same on Ministry website.

Tele: 25682870
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Covid/Policy/2022

05 Jan 2022

(All Regional Centres)

COVID-19: ADVISORY

1. Refer AG Coord(a) letter No B/01236/Misc/AG Coord(a) dt 03 Jan 2022(copy att).

2. In view of rising cases of Omicron variant of COVID-19, it is necessary to follow the following COVID appropriate behaviour in the offices under CO ECHS to prevent spread of COVID-19:-

(a) Compulsory wearing of masks and use of hand sanitizer to be ensured in offices/ all public places.

(b) Maintain Social Distancing.

(c) Washing of hands regularly to maint hygiene.

(d) Surfaces and objects touched frequently must be sanitized before using.

(e) Visiting containment zones or crowded areas must be avoided.

(f) Restrict close contact with people who are sick.

(g) Avoid socializing.

(h) Use of centralized air circulation (AC) may be avoided / minimized and circulation of fresh air be increased by opening of windows etc.

(j) All mtgs/confs are to be reduced. Max use of tel/video conf be adhered to.

(k) Travel unduly exposes pers to the infection, hence non-essential travel to be curbed.

(l) All pers to be fully vaccinated.

3. For info and strict compliance pl.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Encls. As above.

Internal

(Ops & Coord) Sec - for info pl.

Stats & Automation Sec - for uploading the letter on ECHS website.
Tele: 23019809

B/91236/Misc/AG Coord (a) 03 Jan 2022

ADJUTANT GENERAL'S BRANCH AD COORD

COVID -19 ADVISORY

In view of rising cases of Omicron variant of COVID-19, it is necessary to follow the following COVID appropriate behaviour in the offices under AG'S branch to prevent spread of COVID-19:-

(a) Compulsory Wearing of masks and use of hand sanitizer to be ensured in offices/ all public places.

(b) Maintain Social distancing.

(c) Washing of hands regularly to maint of hygiene.

(d) Surfaces and objects touched frequently must be sanitised before using.

(e) Visiting to containment zones or crowded areas must be avoided.

(f) Restrict close contact with people who are sick.

(g) Avoid socializing.

(h) Use of centralized air circulation (AC) may be avoided/minimised and circulation of fresh air be increased by opening of windows etc.

(j) All mtgs/confs are to be reduced. Max use of tel/video conf be adhered to.

(k) Travel unduly exposes pers to the infection, hence non-essential travel be curbed.

(l) Full vaccination.

(HK Hem)
Director
AG Coord

PS to DG MP&PS	PPS to DG DC & W	SO to DG Rtg
SO to DGMS (Army)	SO to DGDS	
ADG MP	ADG PS	ADG DV ADG CW
JAG	Provost Marshal	ADG Rig ADG HR
ADG MS(Army)	ADG DS	MDECHS Brig DIAV
MD AGIF	MD AWHO	MDAWES MD AWPO

Internal:-

SO to AG		
AG Sectt	AG Coord (a)	AG Coord (b)
AG (Medical Cell)	AG Regy, RK Puram	

AG Budget

AG

Regy,

Sena

Bhawan

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS

06 Jan 2022

All Regional Centres

HAEMODIALYSIS OF CHRONIC KIDNEY DISEASE PATIENTS

1. Further to our letter No B/49770/AG/ECHS dated 05 May 2021, even letter dated 16 Sep 2021 and even No dated 10 Nov 2021.

2. The present surge in the cases of COVID-19 and limited availability of emp hosp has resulted in large numbers of ECHS beneficiaries facing difficulties to undergo Haemodialysis, especially which are designated hosp for COVID treatment and are undertaking dialysis of COVID-19 positive patients.

3. Haemodialysis is to be considered as a life saving emergency, hence no referral is reqd to be taken from the Parent Polyclinic. Patient may obtain treatment without referral from Service/Emp/Non Emp/Govt Hosp/Med College till 31 Mar 2022.

4. The situation shall be reviewed after 31 Mar 2022.

5. This is for your info and wide dissemination to all the ECHS Polyclinics under your AoR.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Internal

(Ops & Coord) Sec - for info pl.

ClaimSec

Stats& Automation Sec - for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49769/AG/ECHS

11 Jan 2022

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

All Regional Centres

REFERRAL OF NON COVID CASES FROM MIL PCs

1. In view of surge in covid-19 cases Pan-India, AFMS has designated several service hospitals exclusively as COVID Designated Hospitals.

2. The dependent Military ECHS Polyclinics (PCs) will ensure that all Non- COVID cases requiring treatment beyond that available in PC are referred directly to ECHS Empanelled. Hospitals instead of routing them through such COVID designated service hospitals.

3. It will be ensured by the OIC PC to confirm the status of such service hospitals from Administrative authority/SEMO before implementing instructions laid out in para 2 above.

4. It is requested to disseminate the contents of this letter to all PCs under your AoR. These instructions will be valid until 28 Feb 2022 and reviewed thereafter.

5. This has the approval of MD ECHS.

(SK Gupta)
Col
Jt Dir (Med)
for Dir (Med)

Copy to :-

MoD/DoESW - for info please.

Tele: 25683476
Mil: 36833

Central Organization, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg, Near
Gopinath Circle
Delhi Cantt-110010

B/49770/AGJECHS/Covid/Policy/2022(03) 10 Jan 2022

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HO Andaman & Nicobar Command (A/ECHS)

(_____)
All Regional Centres

GUIDELINES FOR COVID-19 VACCINATION OF CHILDREN BETWEEN 15-18 YEARS AND PRECAUTIONARY DOSE FOR HCWS, FLWS AND 60+ POPULATION WITH COMORBIDITIES

1. Refer copy of DGMS (Army) letter No 76910/UN Occur/Corona virus/DGMS-5B dated 29 Dec 2021 (copy att).

2. Ministry of Health and Family Welfare (MoHFW), Govt of india has announced introduction of precautionary dose for eligible beneficiaries from 10 Jan 2022 and vaccination of children in the age group of 15-18 yrs from 03 Jan 2022. Instrs for implementation of the guidelines have been issued by DGMS vide letter under ref.

3. Detailed guidelines for COVID-19 vaccination in Indian Army were issued vide DGMS (Army) letter No 76910/UN Occur/Corona virus/DGMS-5B dt 05 Jan 2021. Some of the salient points for implementation of the vaccination pgme are reiterated in succeeding Paragraphs.

4. Pro-active coordination will be carried out by Adm and Medical auth in consultation with the Central/State Health authorities for sharing info in the context of vaccine requirement, plg vaccination activities at hospital level and other lgs sp. SEMO/SMO of the stations/ garrisons shall prepare relevant blueprint of operations in the context and get the same vetted by their respective Fmn Cdrs for ensuring lgs sp. The blueprint should take into consideration the fwg essential issues:-

(a) Str of HCWs and FLWs(District-Wise) who would be beneficiaries for the precautionary dose.

(b) Availability of cold chain eqpt and reqmt of addl eqpt.

(c) Iden of potential vaccinators.

(d) Plan for tpt of vaccines from District level to the Mil Hosp and Fd Hosp.

(e) Iden absolute number of beneficiaries month wise for each category as they become eligible for precautionary dose based on the date of the 2nd dose.

(f) Registration of Fd Hosps, Section Hosps and Polyclinics as COVID Vaccination Centres (CVCs).

5. Community Med Specialist in stations, wherever available will be actively engaged for on ground implementation of the vaccination program, IEC activities for vaccine advocacy and providing regular feedback on program progress.

6. The Station Coordination Committee comprising of the Stn / Fmn Cdr, SEMO/ SMO, reps from G Br, A Br, Q Br and Community Medicine Specialist will be responsible for planning, prioritizing, implementing and monitoring the following:-

(a) Collection of the vaccine and maintaining liaison with corresponding DIO (District Immunization Officer) or the relevant authorities for demand of vaccines and consumables.

(b) Distribution of the vaccines and maintenance of logistics chain for collection and tpt of vaccines.

(c) Ensure that date wise list of personnel of various units eligible for vaccination in the Stn in prepared and shared with the OIC CVC. Vaccination sessions to be planned keeping in mind maximum daily capacity of vaccinations at each CVC.

(d) All activities related to smooth implementation of COVID-19 immunization of the beneficiaries.

(e) Reports and returns to DIO, Intermediary Fmn HQs and this Dte Gen.

7. All SEMOs/ SMOs will keep action plans ready by 08 Jan 2022, duly approved by the respective Fmn HQ. Considering the fact that the vaccination of HCWs and FLWs commenced on 16 Jan 2021 and 05 Feb 2021 respectively, approximately 66000 HCWs and 734000 FLWs had received both the doses of COVID vaccine by 10 Apr 2021. The vaccination of adults over 60 yrs of age commenced in the country on 01 Mar 2021 and very few of these beneficiaries had received both the doses of vaccination by 10 Apr 2021.

8. In view the above, a working plan incorporating the ratio in which these groups of beneficiaries would be vaccinated should be worked out and kept ready for Immediate program implementation of precautionary dose once the vaccines are received. However, a suggested ratio of 2:4:1 (HCW:FLWs:Adults >60 yrs) may be considered at CVC level.

9. Vaccination of Adolescents in the age group of 15-18 yrs will be carried out on priority with an aim to vaccinate these beneficiaries at the earliest. It must be ensured that no mixing of vaccine is done since only Covaxin is permitted for this age group. Hence, separate queue with proper and prominent signages and separate vaccination team must be used. If the identified session site is same where adult vaccination is also ongoing. Fmn/units must also publicize adequately in advance the details of Session Site where COVID vaccination for 15-18 age groups would be available.

10. All persons aged 60 years & above with co-morbidities will not be required to produce/ submit any certificate from doctor, at the time of administration of precautionary dose Such persons are expected to obtain the advice of their doctor before deciding to avail the precautionary dose

11. This is for your information and dissemination to all units and organizations in AOR.

(SK Gupta)
Col
Jr Dir (Med)
for MD ECHS

Copy to : -

DGAFMS/DG-3A
DGMS (Army)/DGMS-5(B) - for info please
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7)

UTI-ITSL - for info please
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560008

Internal

(Ops& Coord) Sec

Claim Sec

Stats & Automation - for uploading the letter on ECHS website.

Tele 35004/21411817

Integrated HQ of MoD (Army)
Adjutant General's Branch
Dte Gen of Medical Services (Army)
Defence Offices Complex
3 Floor, 'A' Block, KG Marg
New Delhi -110001

76910/UN Occur/Corona virus/DGMS-5B

29 Dec 2022

HQ Southern Comd (Med)
HQ Eastern Comd (Med)
HQ Western Comd (Med)
HQ Central Comd (Med)
HQ Northern Comd (Med)
HO South Western Comd (Med)
HQ ARTRAC

GUIDELINES FOR COVID-19 VACCINATION OF CHILDREN BETWEEN 15-18 YEARS AND PRECAUTIONARY DOSE FOR HCWS, FLWS AND 60+ POPULATION WITH COMORBIDITIES

1. Further to this Dte Gen letter No 76910/UN Occur/Corona virus/DGMS-5B dt 28 Dec 2021.

2. Ministry of Health and Family Welfare (MoHFW). Govt of India has announced introduction of precautionary dose for eligible beneficiaries from 10 Jan 2022 and vaccination of children in the age group of 15-18 yrs from 03 Jan 2022. General guidelines for implementation of the guidelines have been issued by this Dte Gen vide letter under ref.

3. Detailed guidelines for COVID-19 vaccination in Indian Army were issued vide this Dte Gen letter No 76910/UN Occur/Corona virus/DGMS-58 dt 05 Jan 2021. Some of the salient points for implementation of the vaccination pgme are reiterated in succeeding paragraphs.

4. Pro-active coordination will be carried out by Adm and Medical auth with the Central/ State Health authorities for sharing info in the context of vaccine requirement, plg vaccination activities at hospital level and other lgs sp. SEMO/SMO of the station/garrisons shall prepare relevant blueprint of operations in the context and get the same vetted by their respective Fmn Cdrs for ensuring lgs sp. The blueprint should take into consideration the fwg essential issues:

(a) Str of HCWs and FLWs (District wise) who would be beneficiaries for the precautionary dose.

(b) Availability of cold chain eqpt and reqmt of addl eqpt.

(c) Iden of potential vaccinators

(d) Plan for tpt of vaccines from District level to the Mil Hosp and Fd Hosp.

(e) Iden absolute number of beneficiaries month wise for each category as they become eligible for precautionary dose based on date of the 2 dose

(f) Registration of Fd Hosps and Section Hosps as COVID Vaccination Centres (CVCs)

5. Community Med spl in stations wherever available will be actively engaged for on ground implementation of the vaccination program, IEC activities for vaccine advocacy and providing regular feedback on program progress.

6. The Station Coordination Committee comprising of the Stn/ Fmn Cdr, SEMO SMO reps from G Br. A Br, Q Br and Community Medicine Specialist will be responsible for planning. prioritizing, implementing and monitoring the following -

(a) Collection of the vaccine and maintaining liaison with corresponding DIO (District Immunization Officer) or the relevant authorities for demand of vaccines and consumables

(b) Distribution of the vaccines and maintenance of logistics chain for collection and tpt of vaccines.

(c) Ensure that date wise list of personnel of various units eligible for vaccination in the Stn in prepared and shared with the OIC CVC. Vaccination sessions to be planned keeping in mind maximum daily capacity of vaccinations at each CVC

(d) All activities related to smooth implementation of COVID-19 immunization of the beneficiaries

(e) Reports and returns to DIO, Intermediary Fmn HQs and this Dte Gen

7. All SEMOs/ SMOs will keep action plans ready by 08 Jan 2022. duly approved by the respective Fmn HQ Considering the fact that the vaccination of HCWs and FLWs commenced on 16 Jan 2021 and 05 Feb 2021 respectively, approximately 66000 HCWs and 734000 FLWs had received both the doses of COVID vaccine by 10 Apr 2021. The vaccination of adults over 60yrs of age commenced in the country on 01Mar 2021 and very few of these beneficiaries had received both the doses of vaccination by 10 Apr 2021.

8 In view of the above, a working plan incorporating the ratio in which these groups of beneficiaries would be vaccinated should be worked out and kept ready for immediate program implementation of precautionary dose once the vaccines are received. However, a suggested ratio of 2:4:1 (HCW:FLWs:Adults >60yrs) may be considered at CVC level.

9. **Vaccination of Adolescents** in the age group of 15-18 yrs will be carried out on priority with an aim to vaccinate these beneficiaries at the earliest. It must be ensured that no mixing of vaccine is done since only Covaxin is permitted for this age group. Hence separate queue with proper and prominent signages and separate vaccination team must be used. if the identified session site is same where adult vaccination is also ongoing Fmn/units must also publicize adequately in advance the details of Session Site where COVID vaccination for 15-18 age groups would be available.

10. **All persons aged 60 years &** above with co-morbidities will not be required to produce submit any certificate from doctor, at the time of administration of precautionary dose. Such persons are expected to obtain the advice of their doctor before deciding to avail of the precautionary dose.

11. This is for your information and dissemination to all units and Fmn in AOR

(Vani Suryam)
Col
Col Med (Health)
for DGMS (Army)

Copy to

MA to COAS MA to VCOAS AG Sectt	-	for info please
DGAFMS/DG-3A	-	for info wrt your note No 402/10/nCOV/DGAFMS/DG-3A Dt 28 Dec 2021
DGMO/MO 6 DG OL ADG MP/MP-1 (COVID Cell) MD ECHS	-	for info please

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cant-110010

12 Jan 2022

B/49770/AG/ECHS/Covid/Policy/2022(04)

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (AVECHS)
HO Andaman & Nicobar Command (A/ECHS)
(_____)
All Regional Centres

REVISED GUIDELINES FOR HOME ISOLATION OF MILD /ASYMPTOMATICCOVID-19 CASES

1. Refer GoI, MoH&FW letter dated 05 Jan 2022 (copy attached).

2. **Background**. Over the past two years, it has been seen globally as well as in India that majority of cases of COVID-19 are either asymptomatic or have very mild symptoms. Such cases usually recover with minimal interventions and accordingly may be managed at home under proper medical guidance and monitoring. CO ECHS has thus issued and updated guidelines for home isolation from time to time to clarify selection criteria, precautions that need to be followed by such patients and their families, signs that require monitoring and prompt reporting to health facilities. The present guidelines are applicable to COvID-19 patients who have been clinically assessed and assigned as **mild /asymptomatic cases of COVID-19**.

3. **Asymptomatic Cases Mild Cases of COVID-19**. The asymptomatic cases are laboratory confirmed cases who are not experiencing any symptoms and have oxygen saturation at room air of more than 93%. Clinically assigned mild cases are patients with upper respiratory tract symptoms with or without fever, without shortness of breath and having oxygen saturation at room air of more than 93%.

4. **Patients eligible for Home Isolation.**

(a) The patient should be clinically assigned as mild/ asymptomatic case by the (a) treating Medical Officer. Further a designated control room contact number at the district /sub district level shall be provided to the family to get suitable guidance for undertaking testing, clinical management related guidance, assignment of a hospital bed, if warranted.

(b) Such cases should have the requisite facility at their residence for self isolation and for **quarantining the family contacts.**

(c) A caregiver **(ideally someone who has completed his COVID-19 vaccination schedule)** should be available to provide care on 24 x7 basis. **A communication link between the caregiver and a Medical Officer is a prerequisite for the entire duration of home isolation.**

(d) Elderly patients aged more than 60 years and those with co-morbid conditions such as Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc **shall only be allowed home isolation after proper evaluation by the treating medical officer.**

(e) Patients suffering from immune compromised status (HIV, Transplant recipients, Cancer therapy etc.) **are not recommended for home isolation and shall only be allowed home isolation after proper evaluation by the treating Medical Officer.**

(f) While a patient is allowed home isolation, all other members in the family including other contacts shall follow the **home quarantine guidelines available at:** https://www.mohfw.gov.in/pdf/Guidelinesforhomequarantine.pdf.

5. **Instructions for the Patient**

(a) Patient must isolate himself from other household members, stay in the identified room and away from other people in home, especially elderly and those with co-morbid conditions like hypertension, cardiovascular disease, renal disease etc.

(b) The patient should stay in a well-ventilated room with cross ventilation and windows should be kept open to allow fresh air to come in.

(c) Patient should at all time use triple layer medical mask. They should discard mask after 8 hours of use or earlier if the mask becomes wet or is visibly soiled. In the event of Caregiver entering the room, both Caregiver and patient may preferably consider using N-95 mask.

(d) Mask should be discarded after cutting them to pieces and putting in a paper bag for a minimum of 72 hours.

(e) Patient must take rest and drink lot of fluids to maintain adequate hydration.

(f) Follow respiratory etiquettes at all times.

(g) Undertake frequent hand washing with soap and water for at least 40 seconds (g) or clean with alcohol-based sanitizer.

(h) The patients shall not share personal items including utensils with other people (h) in the household.

(j) Need to ensure cleaning of frequently touched surfaces in the room (tabletops,) doorknobs, handles, etc.) with soap/detergent & water. The cleaning can be undertaken either by the patient or the caregiver duly following required precautions such as use of masks and gloves.

(k) Self-monitoring of blood oxygen saturation with a pulse oximeter for the patient is advised.

(l) The patient shall self-monitor his/her health with daily temperature monitoring (as given below) and report promptly if any deterioration of symptom is noticed. The status shall be shared with the treating Medical Officer as well as surveillance teams/Control room.

Patients Self -Health Monitoring Chart.

Date and Time	Temperature	Heart Rate (from pulse oximeter)	Sp02% (from pulse oximeter)	Feeling (better / same / worse)	Breathing(better / same / worse)

* For self-monitoring blood oxygen saturation with a pulse oximeter, place the index finger (after cleaning hands and removing nail polish, if any) in the pulse oximeter probe and take the highest steady reading after a few seconds.

** The patient may self-monitor breathing rate/respiratory rate in sitting position, breathe normally and count the number of breaths taken in 1 full minute

6. **Instructions for Care Giver**

(a) Mask

(i) The caregiver should wear a triple layer medical mask. N95 mask may (i) be considered when in the same room with the ill person.

(ii) Front portion of the mask should not be touched or handled during use.

(iii) If the mask gets wet or dirty with secretions, it must be changed immediately.

(iv) Mask should be discarded after cutting them to pieces and putting in a (iv) paper bag for a minimum of 72 hours.

(v) Perform hand hygiene after disposal of the mask.

(vi) He/she should avoid touching own face, nose or mouth.

(b) Hand Hygiene

(i) Hand hygiene must be ensured following contact with ill person or his immediate environment.

(ii) Use soap and water for hand washing at least for 40 seconds. Alcohol based hand rub can be used, if hands are not visibly soiled.

(iii) After using soap and water, use of disposable paper towels to dry hands is desirable. If not available, use dedicated clean cloth towels and replace them when they become wet.

(iv) Perform hand hygiene before and after removing gloves.

(c) Exposure to Patient/ Patient's Environment.

(i) Avoid direct contact with body fluids (respiratory, oral secretions including saliva) of the patient. Use disposable gloves while handling the patient.

(ii) Avoid exposure to potentially contaminated items in his immediate environment (e.9. avoid sharing eating utensils, dishes, drinks, used towels or bed linen)

(iii) Food must be provided to the patient in his room. Utensils and dishes used by the patient should be cleaned with soap/detergent and water while wearing gloves. The utensils may be re-used after proper cleaning.

(iv) Clean hands after taking off gloves or handling used items. Use triple layer medical mask and disposable gloves while cleaning or handling surfaces, clothing or linen used by the patient.

(v) Perform hand hygiene before and after removing gloves.

(d) Biomedical Waste Disposal. Effective and safe disposal of general wastes such as disposable items, used food packets, fruit peel offs, used water bottles, leftover food, disposable food plates etc. should be ensured. They should be collected in bags securely tied for handing over to waste collectors. Further, the used masks, gloves and tissues or swabs contaminated with blood body fluids of COVID-19 patients, including used syringes, medicines, etc., should be treated as biomedical waste and disposed of accordingly by collecting the same in a yellow bag and handed over to waste collector separately so as to prevent further spread of infection within household and the community. Else they can be disposed of by putting them in appropriate deep burial pits which are deep enough to prevent access to rodents or dogs etc.

7. Treatment for Patients with Mild /Asymptomatic Disease in Home Isolation.

(a) Patients must be in communication with a treating Medical Officer and promptly report in case of any deterioration.

(b) The patient must continue the medications for other co-morbidities/ illness after (b) consulting the treating Medical Officer.

(c) Patient may utilize the tele-consultation platform made available by the district/state administration including the e-Sanjeevani tele-consultation platform available at https://esanjeevaniopd.in/.

(d) Patients to follow symptomatic management for fever, running nose and (d) cough, as warranted.

(e) Patients may perform warm water gargles or take steam inhalation thrice a day.

(f) If fever is not controlled with a maximum dose of Tab. Paracetamol 650 mg four (times a day, consult the treating doctor.

(g) Information floating through social media mentioning non-authentic and non-evidence-based treatment protocols can harm patients. Misinformation leading to creation of panic and in-turn undertaking tests and treatment which are not required has to be avoided. Clinical management protocol for asymptomatic/mild patients as available on the website of Ministry of Health & FW (https://www.icmr.gov.in/pdf/covid/techdoc/COVID_Management_Algorithm_2309202 1.pdf) may be referred to by the treating Medical Officer to aid management of the case.

(h) Do not rush for self-medication, blood investigation or radiological imaging like chest X ray or chest CT scan without consultation of your treating Medical Officer.

(j) Steroids are not indicated in mild disease and shall not be self-administered. Overuse & inappropriate use of steroids may lead to additional complications.

(k) Treatment for every patient needs to be monitored individually as per the specific condition of the patient concerned and hence generic sharing of prescriptions shall be avoided

(l) In case of falling oxygen saturation or shortness of breath, the person may () require hospital admission and shall seek immediate consultation of their treating Medical Officer/surveillance team /Control room.

8. **To Seek Medical Attention**. When Patient/ Care giver will keep monitoring their health. Immediate medical attention must be sought if serious signs or symptoms develop. These could include : -

(a) Unresolved High-grade fever (more than 100° F for more than 3 days).

(b) Difficulty in breathing.

(c) Dip in oxygen saturation (Sp02 93% on room air at least 3 readings within 1 hour) or respiratory rate >24/ min.

(d) Persistent pain/pressure in the chest.

(e) Mental confusion or inability to arouse.

(f) Severe fatigue and myalgia.

9. **Monitoring of the patient during Home Isolation**. The concerned district Monitoring of the Patient During Home Isolation administration under the overall supervision of State Health Authority shall be responsible for Monitoring the patient under home isolation.

9.1. **Responsibilities of Grass Root Level Surveillance Teams.**

(a) The Surveillance Teams (ANM, Sanitary inspector, MPHW etc) shall be responsible for initial assessment of the patient and whether the requisite facilities are there for home isolation.

(b) The health worker should contact the patient daily preferably in-person or over (b) telephone/ mobile and obtain the details of temperature, pulse, oxygen saturation, patients overall wellness and worsening of signs/ symptoms.

(c) The Surveillance Team may provide Home Isolation Kits to the patient (c) caregiver as per the policy of the State Government. The Kit may contain masks, hand sanitizers, paracetamol along with a detailed leaflet to educate patients and family members in local language.

(d) If there is reported worsening of signs/ symptoms and/or fall in oxygen saturation, the Surveillance team shall re-assess the patient and inform the Room for shifting the patient to hospital.

(e) The surveillance Team shall also undertake the patient education. on the disease, its symptoms, warning signs, COVID appropriate behavior and need for vaccination for all eligible members.

9.2. **Responsibilities of the District/ Sub-District Control Room.** District and sub district control rooms will be made operational and their telephone numbers should be well publicised in public so that people under home-isolation may contact the control rooms tor seamless transfer of patients through ambulance from home to the dedicated hospital These Control Rooms shall also make outbound calls to the patients under home isolation to monitor their status.

9.3. **Role of District Administration.** The district administration should monitor all cases under home isolation on a daily basis.

10. **When to Discontinue Home Isolation** Patient under home isolation will stand discharged and end isolation after at least 7 days have passed from testing positive and no fever for 3 successive days and they shall continue wearing masks. **There is no need for re-testing after the home isolation period is over.** Asymptomatic contacts of infected individuals need not undergo Covid test & monitor health in home quarantine.

11. This is for your info and necessary action pl.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Copy to :-

MoD/DoESW	-	For info please
DGAFMS/DG-3A DGMS (Army)/DGMs-5(B) DGMS (Navy)/Dir ECHS (Navy) DGMS (Air Force) (Med-7) for MD ECHS	-	for info please.
UTI-ITSL 153/1, Above Farico Show Room First Floor, Old Madras Road Halasuru, Bangalore Karnataka-560 008	-	for info please.

Internal

(Ops& Coord) Sec Claim Sec Stats & Automation Sec	-	for uploading the letter on ECHS website.

Tele: 25690325
Mil: 28710

Central Organisations, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt 110010

B/49770/AG/ECHS/Covid/Policy/2022(05) 14 Jan 2022

IHQ of MoD (Navy)/ Dir ECHS (N)
DAV, Subroto Park
HO Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HO Central Comd (A/ECHS)
HO Northern Comd (A/ECHS)
HO South Western Comd (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
(_____)
All Regional Centres

COVID-19 VACCINATION OF CHILDREN BETWEEN 15-18 YEARS AND 60+ POPULATION WITH CO-MORBIDITIES: ECHS MEMBERS

1. **Refers** : -

(a) IHQ of MoD AG Branch DGMS (Army) letter No 76910/UN Occur/Corona virus/DGMS-5B dt 31 Dec 2021 (copy at).

(b) CO ECHS letter No B/49770/A G/ECHS/Covid/Policy/2022(03) dated 10 Jan 2022.

(c) CO ECHS letter No B/49770/AG/ECHS/Covid/Policy/2022(02) dated 2022

2. Fifty three ECHS Polyclinics have registered as CVCs (list attached as Appx A of 2.

DGMS-5B letter under ref) and have been carrying out COVID-19 vaccination. These CVCs will also start vaccination. These CVCs will also start vaccination of their dependents clientele in following categories :

(a) Children between 15-18 years.

(b) 60+ population with co-morbidities.

3. In order to facilitate collection of vaccine for CVCs established in polyclinics, following actions will be taken;

(a) Military Stations: The nodal offr of ECHS CVC will liaise with respective Indian Army District/ Station nodal offr for collection of vaccine.

(b) Non-Military Stations: The nodal offr of the ECHS CVC will directly liaise with DIO for collection of vaccine.

4. However. the ECHS members eligible for vaccination will also continue to be vaccinated at Mil CVCs as hither to fore

5. Details of ECHS Nodal Officers: COVID-19 vaccination is fwd herewith as per Appx A att to this letter please.

6. This is for your info and dissemination to all units and Fmn in AOR

(S K Gupta)
Col
Jt Dir (Med)
for MD ECHS

Copy to :-

DGAFMS/DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy) Dir ECHS (Navy) - for infoplease.
DGMS (Air Force) (Med-7)

UTI-ITSL - for info please.
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560008

Internal

(Ops & Coord) Sec
Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.
for MD ECHS

Appx A to to CO ECHS letter No

B/49770/AG/ECHS/Covid/Policy/2022(05) dt Jan 2022

DETAILS OF ECHS NODAL OFFICERS: COVID – 19 VACCINATION

S No	State	District	Station	Rank	Name	Name of CVCs	Mobile No	E-mail Id
1	Odisha	Puri	INS Chilka	Capt (IN) (Retd)	N Saha	Polyclinic Puri	06752-250544 7657093831	Off-in-charge@gov.in echspuri@gmail.com
2	Jaipur	Jaipur	Jaipur	Col(Retd)	Kuldeep	Polyclinic Vidhyadha Nagar	01412-236451 9983477024 0	sanganer@echs.gov.in echspolyvdn@gmail.com
3	Chandigarh	Chandimandir	Chandimandir	Col(Retd)	R K Sheron	Polyclinic Chandimandir	01722-589160	Chandimandir@echs.gov.in
4	Maharashtra	Mumbai	Mumbai	Cdr (Retd	Jayachandran	Polyclinic Mumbai (Ashwani)	996956389	echspolyclinicmumbai@gmail.com
5	Maharashtra	Amravati	Pulgaon	Maj (Retd)	Amarjit Singh	Polyclinic Akola	07242-426363 9805851649	akola@echs.gov.in
6	Maharashtra	Amravati	Pulgaon	Col (Retd)	R D Gaur	Polyclinic Amravati	07212-664607 9419765396	Amravati@echs.gov.in
7	Maharashtra	Wardha	Pulgaon	Col (Retd)	Sunil Richard	Polyclinic Wardha	07152-245111 9177822718	wardha@echs.gov.in
8	Maharashtra	Pune	Pune	Col (Retd)	Vishwanath Paranjape	Polyclinic Pune	02026-334531 8889189997	pune@echs.gov.in
9	Maharashtra	Latur	Ahmednagar	Lt Col (Retd)	Lugde Babasaheb Bhaguji	Polyclinic Latur	02382-227575 9850495595	latur@echs.gov.in
10	Maharashtra	Nasik	Devali	Col (Retd)	Deepak Khadase	Polyclinic Devlali	02532-491759 7507600939	devali@echs.gov.in
11	Maharashtra	Osmanabad	Ahmednagar	Cdr (Retd	P B Das	Polyclinic Osmanabad	02442-227752 8888803481	osmanabad@echs.gov.in
12	Maharashtra	Beed	Ahmednagar	Lt Col (Retd)	Laxman Sondge	Policlinic Beed	02442-227752 9284897169	beed@echs.gov.in
13	Maharashtra	Pune	Lohegaon	Wg Cdr (Retd)	HH Nair 881588	Policlinic Lohegaon	02029-527977 9637552131	southpune@echs.gov.in 882211

S No	State	Distt	Station	Rank	Name	Name of CVCs	Mobile	E-mail Id
14	Maharashtra	Pune	Kirkee	Lt Col (Retd)	Abhijit Sarkar	Polyclinic kirkee	02025-810019 7666389439	khadki@echs.gov.in
15	uttar Pradesh	Lucknow	Lucknow	Col (Retd)	Aftekhar Khan	Polyclinic Lucknow	05222-483611 9149972409	lucknow@echs.gov.in
16	uttar Pradesh	Kanpur	Kanpur	Wg Cdr (Retd)	R K Shukla	Polyclinic AFH Kanpur	05122-380186 7355503553	Kanpur@echs.gov.in
17	uttar Pradesh	Bijnor	Meerut	Col (Retd)	G S Rana	Polyclinic Bijnor	01342-264003 8091783230	bijnor@echs.gov.in
18	uttar Pradesh	Bareilly	**Bareilly**	Col (Retd)	T A Siddiqui	Polyclinic Bareilly	05812-510662	bnareilly@echs.gov.in
19	uttar Pradesh	Agra	Agra	Col (Retd)	Mahesh Anand	Polyclinic Agra	05622-974600 9452551327	agra@echs.gov.in
20	uttar Pradesh	Meerut	Meerut	Col (Retd)	Gurvinder Singh	Polyclinic Meerut	01212-402145 9758039354	pc-meerut@echs.gov.in
21	uttar Pradesh	Farrukhabad	Fatehgarh	Lt Col (Retd)	SS Bhadariya	Polyclinic Fatehgarh	05692-235409 7318248358	fategargh@echs.gov.in
22	uttar Pradesh	Muradabad	Bareilly	Lt Col (Retd)	Balkaran Singh	Polyclinic Muradabad	05912-413510 8006199802	moradabad@echs.gov.in
23	uttar Pradesh	Rampur	Bareilly	Lt Col (Retd)	Atul Batnagar	Polyclinic Rampur	05952-350441 9675964505	rampur@echs.gov.in
24	uttar Pradesh	Mainpuri	Agra	Lt Col (Retd)	Bhim Sen	Polyclinic Mainpuri	05672236156 9837580711	mainpuri@echs.gov.in
25	uttar Pradesh	Etah	Agra	Maj (Retd)	S C Yadav	Polyclinic Etah	05742-231205 9259571627	etah@echs.gov.in
26	uttar Pradesh	Ferozabad	Agra	Cdr (retd)	Brjendera Singh	Polyclinic Ferozabad	056946-284302 9969943077	firozabad@echs.gov.in
27	uttar Pradesh	Haldwani	Haldwani	Col (Retd)	H S Rawat	Polyclinic Haldwani	05946-284302 97858077105	haldwani@echs.gov.in
28	uttar Pradesh	Udham Singh Nagar	Hempur	Maj (Retd)	P B Gurung	Polyclinic Hempur	05947-223135 8392915198	echpolyciniche mpur@echs.gov.in
29	Uttarakhan d	Almora	Ranikhet	Lt Col (Retd)	Manish Khanna	Polyclinic Almora	05962-230513 9458953208	almora@echs.gov.in

S No	State	Distt	Station	Rank	Name	Name of CVCs	Mobile	E-mail Id
30	Uttarakhand	Pithoragarh	Pithoragarh	Lt Col (Retd)	R D Bhatt	Polyclinic Pithoragarh	05964-266311 8938926713	pithoragarh@echs.gov.in
31	Uttarakhand	Haridwar	Roorkee	Col (Retd)	Satpal Ahlawat	Polyclinic Roorkee	01332-275266 8352033137	roorkee@echs.gov.in
32	Tamil Nadu	Pathanamthitha	Trivandrum	Col (Retd)	Jose M George	Polyclinic Ranni	04732-229990 9497140629	echsranni@echs.gov.in
33	Tamil Nadu	Trivunelveli	Katta Boman	Capt (Retd)	JI Jason	Polyclinic Trivunelveli	04622-554864 8130161222	tiruneveli@echs.gov.in
34	Tamil Nadu	Chennai	Chennai	Col (Retd)	K S Vasudevan	Polyclinic Chennai	04422-2330790 9043788845	chennai@echs.gov.in
35	Kerala	Kottayam	Kochi	Lt Col (Retd)	C K Babu	Polyclinic Kunnakulam	04885-295812 8301042698	kunnamkulam@echs.gov.in echspckkm@gmail.com
36	Kerala	Pallakad	Coimbatore	Lt Col (Retd)	V Jayaprakash	Polyclinic Palakkad	04912-552929	palakkad@echs.gov.in echspolyp@gmail.com
37	Kerala	Thrissur	Kochi	Wg Cdr (Retd)	PNS Nair	Polyclinic Thrissur	04872-2352260 04872-2352265	thrissur@echs.gov.in echspctcr@gmail.com
38	Kerala	Kollam,	Trivandrum	Col (Retd)	Jackson Philip	Polyclinic Kottarakara	04712-652561 8072349200	lottarakara@echs.gov.in
39	Kerala	Thiruvananthapuam	Trivandrum	Brig (Retd)	Shaji VSM	Polyclinic Kilimannor	04702-675993	kilamanur@echs.gov.in
40	Kerala	Thiruvananthapuam	Trivandrum	Col (Retd)	Santosh Kumar K	Polyclinic Trivandrum	04712-2354715 9962458822	trivandrum@echs.gov.in
41	Kerala	Kollam	Trivandrum	Col (Retd)	Anil Kumar	Polyclinic Kollam	04742-527094 8086775219	quilon@echs.gov.in
42	Kerala	Allappuzha	Trivandrum	Col (Retd)	M M Varghese	Polyclinic Allappuzha	04772-237253 8921645656	allepppy@echs.gov.in
43	Kerala	Wayanad	Kannur	Lt Col (Retd)	Haridasan V	Polyclinic Kelpetta	04936-202774 9492305388	kalpetta@echs.gov.in
44	Uttar Pradesh	Bulandshahr	Babugarh	Lt Col (Retd)	Yashwant Singh	Polyclinic Babugarh	7290021463	bulandshahar@echs.gov.in
45	Uttar Pradesh	Badaun	`Bareilly	Gp Capt	U K Sharma	Polyclinic Badaun	05832-226565 8279954062	badaun@echs.gov.in
46	Uttarakhand	Udham Singh Nagar	Haldwani	Lt Col (Retd)	H S Mahar	Polyclinic Rudrapur	05944-250840 8477837179	rudrapur@echs.gov.in
47	Kerala	Kasargod	Kunnur	Lt Col (Retd)	Kamalakshan MK	Polyclinic Kanhagad	04672-200007 9719444255	kanhagad@echs.gov.in
48	Kerala	Kozhikode	Kunnur	Col (Retd)	Nandakumar P	Polyclinic Kozhikode	04952-384437	kozhikode@echs.gov.in

49	Kerala	Allappuzha	Trivandrum	Lt Col (Retd)	Hari Kumar VI	Polyclinic Mavelikarra	04792-344015 9456036556	mavelikara@echs.gov.in
50	Tamil Nadu	Coimbatore	Coimbatore	Cdr (Retd)	John Edison	Polyclinic Coimbatore	04222-220233 9944946962	coimbatore@echs.gov.in
51	Tamil Nadu	Kanchipuram	Chennai	Comdt (Retd)	N Rajendr an	Polyclinic Kanchipura m	04427-230385 9445567515	kanchipuram@echs.gov. in
52	Tamil Nadu	Chegalpattu	Tambaram	Wg Cdr (Retd)	Arul Chamy	Polyclinic Tambaram	04461-333145 9020580028	tambram@echs.gov.in
53	Tamil Nadu	Thoothukudi	Trivendram	GpCapt (Retd)	I Augustin e	Polyclinic Tuticorin	04612-390317 9442536984	tuticorin@echs.gov.in

Tele: 35004/21411817

Integrated HQ of MoD (Army)
Adjutant General's Branch
Dte Gen of Medical Services (Army)
Defence Offices Complex
3rd Floor, 'A' Block, KG Marg
New Delhi -110001

76910/UN Occur/Coronavirus/DGMS-5B

31 Dec 2021

HQ Southern Comd (Med)
HQ Eastern Comd (Med)
HQ Western Comd (Med)
HQ Central Comd (Med)
HQ Northern Comd (Med)
HQ South Western Comd (Med)
HQ ARTRAC

COVID-19 VACCINATION OF CHILDREN BETWEEN15-18 YEARS AND 60+ POPULATION WITH CO-MORBIDITIES: ECHS MEMBERS

1. Ref following:

   (a) This Dte Gen letter No 76910/UN Occur/Coronavirus/DGMS-5B dt 28 Dec 2021.
   (b) This Dte Gen letter No 76910/UN Occur/Coronavirus/DGMS-5B dt 29 Dec 2021.

2. Fifty three ECHS polyclinics have registered as CVCs (list attached as Appx A) and have been carrying out COVID-19 vaccination. These CVCs will also start vaccination of their dependants clientele in following categories:-

   (a) Children between 15-18 years.

   (b) 60+ population with co-morbidities.

3. In order to facilitate collection of vaccine for CVCs established in polyclinics, following 3 actions will be taken;

   (a) Military Stations The nodal offr of ECHs CVC will liaise with respective Indian Army District/Station nodal offr for collection of vaccine.

   (b) Non- Military Stations The nodal offr of the ECHS CVC will directly liaise with (b) DIO for collection of vaccine.

4. However, the ECHS members eligible for vaccination will also continue to be vaccinated at Mil CVCs as hither to fore.

5. This is for your info and dissemination to all units and Fmn in AOR.

(Vani Suryam)
Col
Col Med (Health)
For DGMS (Army)

Encls : As Above
Copy to :

MA to COAS
MA to VCOAS
AG Sectt
DGAFMS/ DG-3A
DGMS (Air)
DGMS (Navy)
DGMS/MO 6
DG OL

\- for info please

ADG MP/MP-1
(COVID Cell)

Appx A to DGMS-5B letter No 76910/UNOccur/
Coronavirus/DGMS-5B dt 31/Dec 2021

GOVT COVID VACCINATION CENTRES

Ser No	GCVCs
1	Polyclinic Puri
2	Polyclinic Vidhyadha Nagar
3	Polyclinic Chandimandir
4	Polyclinic Mumbai (Ashwani)
5	Polyclinic Akola
6	Polyclinic Amravati
7	Polyclinic Wardha
8	Polyclinic Pune
9	Polyclinic Latur
10	Polyclinic Devlali
11	Polyclinic Osmanabad
12	Policlinic Beed
13	Policlinic Lohegaon
14	Polyclinic kirkee
15	Polyclinic Lucknow
16	Polyclinic AFH Kanpur
17	Polyclinic Bijnor
18	Polyclinic Bareilly
19	Polyclinic Agra
20	Polyclinic Meerut
21	Polyclinic Fatehgarh
22	Polyclinic Muradabad
23	Polyclinic Rampur
24	Polyclinic Mainpuri
25	Polyclinic Etah
26	Polyclinic Ferozabad
27	Polyclinic Haldwani
28	Polyclinic Hempur
29	Polyclinic Almora
30	Polyclinic Pithoragarh
31	Polyclinic Roorkee
32	Polyclinic Ranni
33	Polyclinic Trivunelveli
34	Polyclinic Chennai
35	Polyclinic Kunnakulam
36	Polyclinic Palakkad
37	Polyclinic Thrissur
38	Polyclinic Kottarakara
39	Polyclinic Kilimannor
40	Polyclinic Trivandrum
41	Polyclinic Kollam
42	Polyclinic Allappuzha
43	Polyclinic Kelpetta
44	Polyclinic Babugarh
45	Polyclinic Badaun
46	Polyclinic Rudrapur
47	Polyclinic Kanhagad
48	Polyclinic Kozhikode
49	Polyclinic Mavelikarra
50	Polyclinic Coimbatore
51	Polyclinic Kanchipuram
52	Polyclinic Tambaram

53	Polyclinic Tuticorin

Appx A to DGMS-5B letter No 76910/UNOccur/ Coronavirus/DGMS-5B dt 31/Dec 2021

DETAILS OF ECHS NODAL OFFICERS : COVID – 19 VACCINATION

S No	State	District	Station	Rank	Name	Name of CVCs	Mobile No	E-mail id

Tele: 25690325
Mil: 28710

Central Organisations, ECHS
Integrated HO of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt 110010

B/49770/AG/ECHS/Covid/Policy/2022(02)

14 Jan 2022

IHQ of MoD (Navy)/ Dir ECHS (N)
DAV, Subroto Park
HQ Southern Comd (AVECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South Western Comd (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
(_____)
All Regional Centres

GUIDELINES FOR COVID-19 VACCINATION OF CHILDREN BETWEEN 15-18 YEARS AND PRECAUTIONARY DOSE FOR HCWS, FLWS AND 60+ POPULATION WITH COMORBIDITIES

1. Ref IHQ of MoD AG Branch DGMS (Army) letter No 76910/UN Occur/Corona virus/DGMS-5B dt 28 Dec 2021 (copy) att.

2. Keeping in view the recent global surge of COVID.19 cases, detection of Omicron variant which has been categorized as a Variant of Concern (VOC), scientific evidence global practices and the inputs/suggestions of COVID-19 Working Group of National Technical Advisory Group on Immunization (NTAGI) as well as of 'Standing Technical Scientific Committee (STSC) of NTAGI it has now been decided to further refine the scientific prioritization & coverage of COVID-19 vaccination as follows:

(a) COVID-19 Vaccination of children in the age-group of 15-18 years (year of (a) birth 2007 or before) to be initiated from 03 January 2022. For such beneficiaries vaccination option would be "Covaxin" only 02 doses of 0.5ml given intramuscular, 04 weeks apart is the dosing schedule for the same.

(b) Those Health Care Workers (HCWs) & Front Line Workers (FLWs) who have received two doses, another dose of COVID-19 vaccine would be provided from 10th January 2022. The priortization and sequencing of this precautionary dose would be based on the completion of 9 months i.e. 39 weeks from the date of administration of 2nd dose.

(c) All persons aged 60 years and above with co-morbidities (list as per Appx A (c) who have received two doses of COVID-19 vaccine, will be provided with a precautionary dose from 10 January 2022 on medical advice. The prioritization and sequencing of this precautionary dose would be based on the completion of 9 months i.e. 39 weeks from the date of administration of second dose.

3. **Vaccination of HCWs & FLWVs:**

(a) District wise list of HCWs and FLWs will be fwd to O/o DGMS (Army) and ADG/MP-1 by 31 Dec 2021 as per details given in fwg letters

(i) DGMS letter No 76910/UN Occur/Corona virus/DGMS-5B () DGMS dt 27 Dec 2021
(ii) ADGMP/MP-1 letter No 01806/Misc/Covid/MP-1 dt 27 Dec 2021.

(b) Vaccination will be carried out at the registered COVID Vaccination Centres (CVCs) on CoWIN application.

Vaccination session will be created at 100% on spot/site registration basis.

(c) Fwg methodology will be followed for eligible beneficiaries as per Para 2 (b) above

(i) Those in possession of digital vaccination certificate will be directly vaccinated and details of the precautionary dose will be reflected in the certificate.

(ii) Those who have not yet been registered on COWIN, will be first registered and a digital certificate generated before precautionary dose given. In order to expedite this process, the login id and password provided to all Comds vide O/o DGMS letter No 76910/UN Occur/Coronavirus/DGMS-5B dt 28 Sep 2021 may be shared with all CVCs in AOR.

4. **Vaccination of children of 15-18 Yrs Age Gp**

The beneficiaries may register online on COWIN and get vaccinated at any of the Govt CVCs However if vaccination is to be taken at a Mil CVC, the registration will be on site.

5. **Vaccination of Citizens 60 Yrs and Above (Dependents of Serving Pers and ECHS Members) with Co-morbidities**

(a) The beneficiaries may register online on COWIN and get vaccinated at any of the Govt CVCs/ however of vaccination to be taken at Mil CVC, the registration will on site

6. **Actions To Be Taken.**

(a) All Regional Centres will obtain the updated list of Nodal Offrs (format as per Appx B) and District Nodal Offrs (format as per Appx C) and fwd the same to Central Org ECHS by **20 Jan 2022**

(b) Nodal Officers will liaise with the DIOs for getting stocks of Covaxin for vaccinating children in the age group 15-18 years and Covishield for other beneficiaries. Depending on the quantum of vaccines received initially, vaccination Sessions can be planned; further vaccines can be replenished on the basis of usage feedback to the DIO

(c) Vaccination of individuals above the age of 60 years with co-morbidities will be carried out on medical advice The Performa as per Appx A will have to be uploaded on the COWIN portal prior to vaccination.

(d) Considering the huge number of beneficiaries who would be eligible for receiving the precautionary dose in the initial phase of the drive. delay is inevitable in catching up with successive cohorts of eligible beneficiaries All CVCs will have to be registered on COWIN portal with a unique CVC ID for undertaking the vaccination of Eligible beneficiaries with the precautionary dose. Nodal Officers may be directed to liaise with the DIO in this context. Currently registered CVCs are existing in 53 ECHS PCs in addition to all Mil Hosps and a few Fd Hosps In order to increase the coverage of precautionary dose all ECHS PCs will be registered as CVCs. List of such registered CVCs will be periodically shared with CO ECHS in accordance with CO ECHS letter No B/49761/AG/ECHS/Med/2021 dated 04 Jun 2021.

(e) Difficulties faced at specific locations along with particulars and mobile number of DIO and Nodal Officer may be communicated to Dir Med, CO ECHS with ppy of email at vani suryam 136h@gov.in or vsphutane 804m@gov.in and health: a@gov.in for taking up the case with MoHFW.

(f) Reporting of precautionary dose and vaccination of children in the age group of 15-18 yrs will be included in daily vaccination report as per the format (Appx D).

7 This is for your information and dissemination to all Polyclinics and Regional Centres

8. Issued in accordance with DGMS(Army) letter under ref.

9. CO ECHS letter No B/49770IAG/ECHS/Covid/Policy2022(02) dated 11 Jan 2022 9 issued earlier on the subject is hereby cancelled.

(S K Gupta)
Col
Jt Dir (Med)
for MD ECHS

Copy to:

DGAFMS/DG-3A
DGMS (Army)/DGMS-5(B) - forinfoplease.
DGMS (Navy) Dir ECHS (Navy)
DGMS (Air Force) (Med-7)

UTI-ITSL - forinfoplease.
153/1, Above Farico Show Room
First Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560008

Internal

(Ops&Coord)Sec
Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Appx A to to CO ECHS letter No B/49770/AG/ECHS/Covid/Policy/2022 dt Jan 2022

Annexue 1(B): Certificate to identify individuals with co-morbidities that enhance the risk of mortality in COVID-19 disease for priority Vaccination (To be filled by a Registered Medical Practitioner)

Name of beneficiary Age -

Address:

Mobile phone number:

identification document:

I Dr. _____working as _____

Have reviewed the above named individual and certify that he/she has the below mentioned conditions based on the records presented to me. A copy of the records on which this certificate Is based is attached.

Presence of ANY ONE of the following criteria will prioritize the individual for vaccination

S N	Criterion	yes/ No
1	Heart Failure with hospital admission in past one year	
2	Post Cardiac Transplant/Left Ventricular Assist Device (LVAD)	
3	Significant Left ventricular systolic dysfunction (LVEF<40%)	
4	Moderate or Severe Valvular Heart Disease	
5	Congenital heart disease with severe PAH or Idiopathic PAH	
6	Coronary Artery Disease with past CABG/PTCA/MI And Hypertension/Diabetes on treatment	
7	Angina and Hypertension / Diabetes on treatment	
8	CT/MRI documented stroke AND Hypertension/Diabetes on treatment	
9	Pulmonary artery hypertension AND Hypertension/Diabetes on treatment	
10	Diabetes (>10 yrs OR with complication) AND Hypertension on treatment	
11	Kidney/ Liver/ Hematopoietic stem cell transplant: Recepient/ On wait-list	
12	End Stage Kidney Disease on haemodialysis/ CAPD	
13	Current prolonged use of oral corticosteroids/ immunosuppressant medications	
14	Decompensate cirrhosis	
15	Severe respiratory disease with hospitalizations in last two years FEVI <50%	
16	Lymphoma/ Leukemia Myeloma	
17	Diagnosis of any solid cancer on or after 1 July 2020 Concurrently on any cancer therapy	
18	Sickle Cell Disease/ Bone marrow failure Aplastic Anemia Thalassemia Major	
19	Primary Immunodeficiency Diseases/ HIV infection	
20	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf blindness	

I am aware that providing false information is an offence.

Name of RMP _____

Medical Council registration number of RMP: _____

Date of issuing the certificate _____

Place of Issue_____

(Signature of RMP)

Appex B to CO ECHS letter No
B/49440/AG/ECHS/Covid/Policy/2022 dt Jan 2022

DETAILS OFSTATE NODAL OFFICER

S No	State	Rank	Name	Mobile	E-mail Id
1	Odisha	Capt (IN) (Retd)	N Saha	06752-250544 765093831	Offr-in-charge@gov.in echspuri@gmail.com
2	Jaipur	Col (Red)	Kuldeep Singh	01412-236451 9983477240	sanganer@echs.gov.in echspolyvdn@gmail.com
3	Chandigarh	Col (Retd)	R K Sheron	01722-589160	chandimandir@echs.gov.in
4	Maharashtra	Cdr (retd)	Jayachandran	9969856389	echspolyclinicmumbai@gmail.com
5	Maharashtra	Maj (Retd)	Amarjit Singh	07242-426363 9805851349	akola@echs.gov.in
6	Maharashtra	Col (Retd)	R D Gaur	07212-664607 9419765396	Amaravati@echs.gov.in
7	Maharashtra	Col (Retd)	Sunil Richard	07152-245111 9177855718	wardha@echs.gov.in
8	Maharashtra	Col (Retd)	Vishwanath Paranjape	02026-334531 8889189997	pune@echs.gov.in
9	Maharashtra	Lt Col (Retd)	Lugde Babasahed Bhaguji	02382-227575 9850495595	latur@echs.gov.in
10	Maharashtra	Col (Retd)	Deepak Khadase	02532-491759 7507600939	deviali@echs.gov.in
11	Maharashtra	Cdr (Retd)	P B Das	02472-223564 8888803481	osmanabad@echs.gov.in
12	Maharashtra	Lt Col (Retd)	Laxman Sondge	02442-227752 9284897169	beed@echs.gov.in
13	Maharashtra	Wg Cdr (Retd)	HH Nair	02029-527977 9637552130	southpune@echs.gov.in

S No	State	Rank	Name	Mobile	E-mail Id
14	Maharashtra	Lt Col (Retd)	Abhijit Sarkar	02025-810019 7666389439	khadki@echs.gov.in
15	uttar Pradesh	Col (Retd)	Aftekhar Khan	05222-483611 9149972409	lucknow@echs.gov.in
16	uttar Pradesh	Wg Cdr (Retd)	R K Shukla	05122-380186 7355503553	Kanpur@echs.gov.in
17	uttar Pradesh	Col (Retd)	G S Rana	01342-264003 8091783230	bijnor@echs.gov.in
18	uttar Pradesh	Col (Retd)	T A Siddiqui	05812-510662	bnareilly@echs.gov.in
19	uttar Pradesh	Col (Retd)	Mahesh Anand	05622-974600 9452551327	agra@echs.gov.in
20	uttar Pradesh	Col (Retd)	Gurvinder Singh	01212-402145 9758039354	pc-meerut@echs.gov.in
21	uttar Pradesh	Lt Col (Retd)	SS Bhadariya	05692-235409 7318248358	fategargh@echs.gov.in
22	uttar Pradesh	Lt Col (Retd)	Balkaran Singh	05912-413510 8006199802	moradabad@echs.gov.in
23	uttar Pradesh	Lt Col (Retd)	Atul Batnagar	05952-350441 9675964505	rampur@echs.gov.in
24	uttar Pradesh	Lt Col (Retd)	Bhim Sen	05672236156 9837580711	mainpuri@echs.gov.in
25	uttar Pradesh	Maj (Retd)	S C Yadav	05742-231205 9259571627	etah@echs.gov.in
26	uttar Pradesh	Cdr (retd)	Brjendera Singh	05946-284302 9969943077	firozabad@echs.gov.in
27	uttar Pradesh	Col (Retd)	H S Rawat	05946-284302 97858077105	haldwani@echs.gov.in
28	uttar Pradesh	Maj (Retd)	P B Gurung	05947-223135 8392915198	echpolycinichempur@echs.gov.in
29	Uttarakhan	Lt Col (Retd)	Manish Khanna	05962-230513 9458953208	almora@echs.gov.in

S No	State	Rank	Name	Mobile	E-mail Id
30	Uttarakhand	Lt Col (Retd)	R D Bhatt	05964-266311 8938926713	pithoragarh@echs.gov.in
31	Uttarakhand	Col (Retd)	Satpal Ahlawat	01332-275266 8352033137	roorkee@echs.gov.in
32	Tamil Nadu	Col (Retd)	Jose M George	04732-229990 9497140629	echsranni@echs.gov.in
33	Tamil Nadu	Capt (Retd)	JI Jason	04622-554864 8130161222	tiruneveli@echs.gov.in
34	Tamil Nadu	Col (Retd)	K S Vasudevan	04422-2330790 9043788845	chennai@echs.gov.in
35	Kerala	Lt Col (Retd)	C K Babu	04885-295812 8301042698	kunnamkulam@echs.gov.in echspckkm@gmail.com
36	Kerala	Lt Col (Retd)	V Jayaprakash	04912-552929	palakkad@echs.gov.in echspolyp@gmail.com
37	Kerala	Wg Cdr (Retd)	PNS Nair	04872-2352260 04872-2352265	thrissur@echs.gov.in echspctcr@gmail.com
38	Kerala	Col (Retd)	Jackson Philip	04712-652561 8072349200	lottarakara@echs.gov.in
39	Kerala	Brig (Retd)	Shaji VSM	04702-675993	kilamanur@echs.gov.in
40	Kerala	Col (Retd)	Santosh Kumar K	04712-2354715 9962458822	trivandrum@echs.gov.in
41	Kerala	Col (Retd)	Anil Kumar	04742-527094 8086775219	quilon@echs.gov.in
42	Kerala	Col (Retd)	M M Varghese	04772-237253 8921645656	allepppy@echs.gov.in
43	Kerala	Lt Col (Retd)	Haridasan V	04936-202774 9492305388	kalpetta@echs.gov.in
44	Uttar Pradesh	Lt Col (Retd)	Yashwant Singh	7290021463	bulandshahar@echs.gov.in
45	Uttar Pradesh	Gp Capt	U K Sharma	05832-226565 8279954062	badaun@echs.gov.in
46	Uttarakhand	Lt Col (Retd)	H S Mahar	05944-250840 8477837179	rudrapur@echs.gov.in

S No	State	Rank	Name	Mobile	E-mail Id
47	Kerala	Lt Col (Retd)	Kamalakshan MK	04672-200007 9719444255	kanhagad@echs.gov.in
48	Kerala	Col (Retd)	Nandakumar P	04952-384437	kozhikode@echs.gov.in
49	Kerala	Lt Col (Retd)	Hari Kumar VI	04792-344015 9456036556	mavelikara@echs.gov.in
50	Tamil Nadu	Cdr (Retd)	John Edison	04222-220233 9944946962	coimbatore@echs.gov.in
51	Tamil Nadu	Comdt (Retd)	N Rajendran	04427-230385 9445567515	kanchipuram@echs.gov.in
52	Tamil Nadu	Wg Cdr (Retd)	Arul Chamy	04461-333145 9020580028	tambram@echs.gov.in
53	Tamil Nadu	Gp Capt (Retd)	I Augustine	04612-390317 9442536984	tuticorin@echs.gov.in

Appex B to CO ECHS letter No B/49440/AG/ECHS/Covid/Policy/2022 dt Jan 2022

DETAILS OFSTATE NODAL OFFICER – COVID -19 VACCINATION

S No	State	Rank	Station/ Unit loc	Name	Unit	Mobile No	E-mail Id

Appex B to CO ECHS letter No B/49770/AG/ECHS/Covid/Policy/2022 dt Jan 2022

COVID -19 VACCINATION COVERAGE

Name of Comd **Date**

S NO	STATE	DISTRICT	STATION	NAME OF CVCS	Session			Coverage					Noof AEFI reported	Remarks
					Planned	Held	Target of the Day	Achievement for the Day						
								Precautionary dose			Age group 15-18 yrs			
								HCWs	FLWs	60 yrs and above	1st dose	2nd dose		
1														
2														
Grand Total														

Tele 21411817/35004

Integrated HQ of MoD {Army)
Adjutant General's Branch
Dte Gen of Medical Services (Army)
Defence Offices Complex
3 Floor A Block. KG Marg
New Delhi 110001

76910/UN Occur Coronav1rus/DGMS-5B

15 Dec 2021

HQ Southern Comd (Med
HQ Eastern Comd (Med HQ Western Comd (Med)
HQ Central Comd (Med)
HQ Northern Comd (Med)
HQ South Western Comd (Med)
HQ ARTRAC

GUIDELINES FOR CovID-19 VACCINATION OF CHILDREN BETWEEN 15-18 YEARS AND PRECAUTIONARY DOSE FOR HCWS, FLWS AND 60+ POPULATION WITH COMORBIDITIES

1. Ref this Dte Gen letter No 76910/UN Occur/Corona virus/DMS-58 dt 05 Jan 2021.

2. Keeping in view the recent global surge of COVID-19 cases. detection of Omicron variant which has been categorized as a Variant of Concern (VOC). scientific evidence global practices and the inputs/suggestions of CoVID-19 Working Group of National Technical Advisory Group on Immunization (NTAGI) as well as of Standing Technical Scientific Committee (STSC) of NTAGI it has now been decided to further refine the Scientific prioritization & coverage of COVID-19 vaccination as follows:

(a) COVID-19 Vaccination of children in the age-group of 15-18 years (Year of birth 2007 or before) to be initiated from 03 January 2022 For such beneficiaries vaccination option would be "Covaxin" only. 02 doses of 0 5mi given intramuscular 04 weeks apart is the dosing schedule for the same

(b) Those Health Care Workers (HCWs) & Front Line Workers (FLWs) who have received two doses, another dose of COVID-19 vaccine would be provided from 1Oth January 2022 The prioritization and sequencing of this precautionary dose would be based on the completion of 9 months i.e. 39 weeks from the date of administration of 2nd dose.

(c) All persons aged 60 years and above with co-morbidites (list as per Appx A) who have received two doses of COVID-19 vaccine, will be provided with a precautionary dose from 10 January 2022 on medical advice. The prioritization and sequencing of this precautionary dose would be based on the completion of 9 months i.e. 39 weeks from the date of administration of second dose.

3. **Vaccination of HCWs & FLWs**

(a) District wise list of HCWs and FLWs will be fwd to O/o DGMS (Army) and ADG/MP-1 by 31 Dec 2021 as per details given in fwg letters :-

(i) This Dte Gen letter No 76910/UN Occur/Corona virus/DGMS-5B t 27 Dec 2021

(ii) ADGMP/MP-1 letter No 01806/Misc/Covid/MP-1 dt 27 Dec 2021

(b) Vaccination will be carried out at the registered COVID Vaccination Centres (CVCs) on COWIN application. **Vaccination session will be created at 100% on spot/site registration basis.**

(c) Fwg methodology will be followed for eligible beneficiaries as per para 2 (b) above

(i) Those in possession of digital vaccination certificate will be directly vaccinated and details of the precautionary dose will be reflected in the certificate.

(ii) Those who have not yet been registered on COWIN, will be first registered and a digital certificate generated before precautionary dose given In order to expedite this process, the login id and password provided to al Comds vide this Dte Gen letter No 76910/UN Occur/Corona virus/DGMs-5B dt 28 Sep 2021 may be shared with all CVCs in AOR

4. **Vaccination of children of 15-18 yrs age group :-**

(a) The beneficiaries may register online on COWIN and get vaccinated at any of the Govt CVCs. However if vaccination is to be taken at a Mil CVC. the registration will be on site.

5. **Vaccination of citizens 60 yrs and above (dependents of serving pers and ECHS members) with co-morbidities**.

(a) The beneficiaries may register online on COWIN and get vaccinated at any of the Govt CVCs. However if vaccination to be taken at Mil CVC, the registration will on site.

6. **Actions to be undertaken:**

(a) All HQs Comd will fwd the updated list of State Nodal Offrs (format as per Appx B) and District Nodal Offrs (format as per Appx C) to this Dte Gen by 03 Jan 2022.

(b) Nodal Officers will liaise with the DIOs for getting stocks of Covaxin for vaccinating (b) children in the age group 15-18 years and Covishield for other beneficiaries. Depending on the quantum of vaccines received initially. vacc1nation sessions can be planned: further vaccines can be replenished on the basis of usage feedback to the DIO

(c) Vaccination of individuals above the age of 60 years with co-morbidities will (c) be carried out on medical advice. The performa as per Appx A will have to be uploaded on the CoWIN portal prior to vaccination

(d) Considering the huge number of beneficiaries who would be eligible for (d) receiving the precautionary dose in the initial phase of the drive, delay is inevitable in catching up with successive cohorts of eligible beneficiaries. Ali CVCs will have to be registered on CoWIN portal with a unique CVC ID for undertaking the vaccination of igible beneficiaries with the precautionary dose Nodal Officers may be directed to iaise with the D/O in this context Currently "registered CVCs' are existing in all M Hosps and few Fd Hosps In order to increase the coverage of precautionary dose a Fd Hosps and 8ection hosps will also be registered as CVCs. in large stations additional CVCs may be planned in liaison with the Dios List of all such registered CVCs will be shared with this Dte Gen at the earliest

(e) Difficulties faced at specific locations along with particulars and mobile number at DIO and District Nodal Officer may be communicated to DGMS-5B on email at vanisuryam 136h@gov in or vsphutane 804m@gov.in with the copy to health- 3a@gov in for taking up the case with MoHFW

(f) Reporting of precautionary dose and vaccination of children in the of 15-18 age group yrs will be included in daily vaccination report as per the format (Appx D)

7. This is for your information and dissemination to all units and Fmn in AOR.

8. This has the approval of DGMS (Army)

(Van Suryam)
Col
Col Med (Health)
for DGMS (Army)

Encls As above

Copy to

Copy to

MA to COAS		
MA to VCOAS	-	for info please
AG Sectt		
DGAFMS/ DG-3A	-	for info wrt your note No 402/10/nCOV/ DGAFMS/DG-3A
DGMOMO 6		dt 28 Dec 2021
DG OL	-	for info please.
ADGMP/ MP-1	-	for info wrt your letter no quoted in para 3(a)(ii)

Appx A to DGMS-5B letter No 76910/UNOCCur/ Corona virus/DGMS-5B dt g Dec 2021

Annexure 1(B): Certificate to identify individuals with co-morbidities that enhance the risk of mortality in COVID-19 disease for priority vaccination

(To be filled by a Registered Medical Practitioner)

Name of beneficiary _____

Age _____ Gender: _____

Address. _____

Mobile phone number:_____

Identification document:

I Dr._____working as _____

have reviewed the above named individual and certify that he she has the below mentioned conditions based on the records presented to me. A copy of the records on which this certificate is based is attached

Presence of ANY ONE of the following criteria will prioritize the individual tor vaccination

SN	Criterion	YES / NO
1	Heart Failure with hospital adm1ssion in past one year	
2	Post Cardiac Transplant Left Ventricular Assist Device (LVAD)	
3	Significant Left ventricular systolic dysfunction (.VEF <40%	
4	Moderate or Severe Valvular Heart Disease	
5	Congenital heart disease with severe PAH or Idiopathic PAH	
6	Coronary Artery Disease with past CABG/PTCAMI AND Hypertension/Diabetes on treatment	
7	Angina AND Hypertension/Diabetes on treatment	
8	CTMRI documented stroke AND Hypertension Diabetes on treatment	
9	Pulmonary artery hypertension AND Hypertension Diabetes on treatment	
10	Diabetes (10 years OR with complications)AND hypertension on treatment	
11	Kidney/ Liver Hematopoietic stem cell transplant: Recipient:(On wait-list	
12	End Stage Kidney Disease on haemodialysis CAPD	
13	Current prolonged use of oral corticosteroids/ immunosuppressant medications	
14	Decompensated cirrhosis	
15	Severe respiratory disease with hospitalizations in last two years/'FEVI <50%	
16	Lymphoma/ Leukaemia Myeloma	
17	Diagnosis of any solid cancer on or after 1st July 2020 Or currently on any cancer therapy	
18	Sickle Cell Disease Bone marrow failure/ Aplastic Anemia Thalassemia Major	
19	Primary Immunodeficiency Diseases/ HIV infection	
20	Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy Acid attack with involvement of respiratory system/ Persons with disabilities having high support needs/ Multiple disabilities including deaf-blindness	

I am aware that providing false information is an offence.

Name of RMP: _____

Medical Council registration number of RMP:, _____

Date of issuing the certificate: _____

Place of issue: _____

(Signature of RMP)

Appx B to DGMS-5B letter No 76910/UNOCcur Coronavirus/DGMS-5B dt g9 Dec 2021

DETAILS OF STATE NODAL OFFICER

S. No	State	Rank	Name	Mobile No	E-mail Id

Appx C to DGMS.58 letter No 76910/UNOCCur Coronavirus/DGMS-5B dt 28 Dec 2021

DETAILS OF DISTRICT NODAL OFFICER: COVID -19 VACCINATION

S. No	State	district	Station / Unit IOC	Rank	Name	Unit	Mobile No	E-mail Id

Appex D to DGMS-5 letter No
76910/Un Occur/ Coronavirus/DGMS-5B
dt 03 Dec 2021

COVID -19 VACCINATION COVERAGE

Name of Comd **Date**

S NO	STATE	DISTRICT	STATION	NAME OF CVCS	Session			Coverage					Noof AEFI reported	Remarks
					Planned	Held	Target of the Day	Achievement for the Day						
								Precautionary dose			Age group 15-18 yrs			
								HCWs	FLWs	60 yrs and above	1st dose	2nd dose		
1														
2														
Grand Total														

Tele 25683476
Mil 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Covid/Policy/2022(06) 14 Jan 2022

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
(_____)

All Regional Centres

GUIDELINES FOR CLAIMING REIMBURSEMENT OF HOME ISOLATION SERVICE PACKAGE: COVID-19

1. Please ref the fwg :-

   (a) CO ECHS letter No B/49770/AG/ECHS/Treatment/Policy dt 31 Mar 2020.
   (b) CO ECHS letter No B/49761/AG/ECHS dated 27 Apr 2021.
   (c) CO ECHS letter No B/49761/AG/ECHS dated 30 Apr 2021.
   (d) CO ECHS letter No B/49770/AG/ECHS/Covid/Policy/2022(04) dt 11 Jan 2022.

2. As per Para 7 of letter under reference veteran / beneficiary undergoing test / treatment at Govt designated pvt hosps without referral will be treated as emergency case and expenditure incurred will be reimbursed at Govt / CGHS rates as individual reimbursement claim. Due to the recent surge in number COVID-19 cases, and inability of the health infrastructure to cope with sudden rise in number of cases, a large number of beneficiaries with mild symptoms are being advised Home Quarantine there is a need to monitor the patient for their parameters such as temperature, SpO2 levels, BP, pulse etc, as also consume prescribed medicines. In certain cases, there may be a requirement to administer Oxygen to the patient during the Home Quarantine.

3. In view of the above, provisions have been granted for home isolation package for ECHS beneficiary with complaints of fever/ cough/ cold/ diarrhea etc. who consult a doctor at Service/ Govt/ Med College/ Empanelled/ Non Empanelled Hospital. After consultation, when the beneficiary is advised home isolation, medicines and COVID-19 (RT PCR) test, then he / she will be entitled to purchase home isolation package with one or more services as mentioned in the letter at Para 6 of letter mentioned at Para 1(b). Bills for the same will be reimbursed through OIC ECHS Polyclinic. Reimbursement for the Home isolation Package will be made with a ceiling limit of Rs 1000/- per day for 07 days from the date of advice of Home Isolation. Individual home isolation package reimbursement bill will be handed over physically to OIC Polyclinic for processing for payment. However, to minimize the foot fall at Polyclinics and to avoid inconvenience, bills may be forwarded online or sent by Registered Post. However, to minimize the footfall at Polyclinics and to avoid inconvenience, bills may be forwarded online or sent by Registered Post. Beneficiaries may be advised to follow one of three methods given in succeeding paras for submission of bills : -

(a) **Online Submission**

(i) Veterans may submit claims online through designated email to OIC Polyclinic.

(ii) The scanned copies of all prescriptions, bills, copy of ECHS card, contingent bill (as per Appx A to this letter) and copy of cancelled cheque or first page of passbook should be attached as separate file (s) in the email

(iii) Details of vital parameters recorded during the treatment signed & stamped by Doctor or self certified will be attached with the contingent bill as per format at Appx 'B.

(iv) All Veterans will mention their complete residential address and telephone / mobile No.

(v) OIC Polyclinic will acknowledge the receipt of mail and seek any further clarification if required.

(vi) Original documents will be submitted by the veterans at the earliest possible date immediately after home isolation package is over but not later than 90 days. A photocopy of the documents should be retained while submitting the documents. Non depositing of all the original documents by stipulated date will invite recovery.

(b) Veterans who are not able to upload the claim online may send all the above documents (bills and contingent bill in original) alongwith their telephone No whats app No and residential address to OIC Polyclinic through "Registered Post with Acknowledgement Due (AD) Card". They should keep a photocopy of all documents with them.

4. OIC Polyclinics will process the bills (submitted online) digitally duly authenticated by Digital Signature and for rest of bills as per procedure explained in our letter at Para 1 (a) & (b) above. RC will make necessary payment, without waiting for physical copies. Physical copies (for bills submitted online) will be fwd for audit purpose once situation stabilizes.

5. This has the approval of MD ECHS

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Copy to : -

MoD/DoESW CGDA AG Branch (Coord)) DG DC&W Sectt O/o DGAFMS DGMS (Army) DGMS (Navy) DGMS (Air)	-	For info please.
UTI-ITSL (BPA)	-	To scrutinize the claims submitted by beneficiary for identifying duplicate claims for same Home isolation and for same duration.

Internal

(Ops & Coord), Claim Sec C&L Sec, P&FC	-	For info
Stats & Automation	-	Sec for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

HOME ISOLATION SERVICE PACKAGE: COVID-19

Appx 'A

Contingent Bill

Cheque may please be issued in favour of _____

Bank Acct No_____ Bank Name _____
Bank IFS Code _____ MICR No _____
Voucher No _____

In Lieu of IAFA-155

Contingent Bill

Expenditure of account reimbursement of medical treatment for home isolation package in respect of _____

(Auth: Central Org ECHS letter No B/49761/AG/ECHS dt 27 Apr 2021)

Ser No	Date	Date of Expenditures	Amount
		Amount incurred on account of reimbursement For home isolation package in respect of _____ The details are as under	

ECHS Card No	Bill No	Diagnosis	Details of Bill Medicines	Amount

The bill with supporting documents attached in original.

Certified that:-

(1) The claim has been submitted for the first time.
(2) The reimbursement has been made on the actual treatment.

Amount in Words: Rupees

_____

_____

RECEIVED PAYMENT COUNTERSIGNED

Appx B

HOME ISOLATION SERVICE PACKAGE: CoVID-19

	Day 1	Day2	Day3	Day4	Day5	Day6	Day7
Pulse Rate/min							
Temp							
Respiratory Rate/min							
SPO2							
BP							

Tele: 011-25683476
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MOD (Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt 110010

B/49770/AG/ECHS/Treatment/2021

25 Jan 2022

DGMS (Air)
DGMS (Navy)
(_____)

(All Regional Centres)

PRIORITY TREATMENT OF WAR DISABLED / BATTLE CASUALITIES IN SERVICE HOSPITALS

1. Please refer DGAFMS letter No 16307/14(d)/DGAFMS/DG-3A dated 09 May 2013 received vide AG's Branch/CW-5&6 ION No. B/47011/AG/CW-5 dated 30 Dec 21 (Copy attached).

2. It is requested that the contents of the DGAFMS letter quoted above may be reiterated to all concerned.

3 For your info and necessary action.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Encls. As above.

B/47011/AG/CW-5 30 Dec 2021

ADJUTANT GENERAL'S BRANCH / CW- 5 & 6

PRIORITY TREATMENT OF WAR DISABLED / BATTLE CASUALITIES IN SERVICE HOSPITALS

1. Pl refer to DGAFMS letter No 16307/14(d)/DGAFMS/DG-3A dt 09 May 2013 (copy att).

2. It is requested that the contents of the above quoted letter may be reiterated to all concerned. Extn of courteousness and empathy to disabled must be ensured.

(Parambir Singh)
Col
Offg Brig (Welfare)

DGMS (Army) Sectt

Internal:

DIAV

Cent Org ECHS - For info pl.

Tate 23093258
16307/14(d) DGAFMS/DG-3A 09 May 2013

MINISTRY OF DEFENCE
OFFICE OF THE DGAFHS/DG-3A

CARE ARD PRIORITY TO WAR WOUNDED/BATTLE CASUALITY VETERANS

1. War wounded and battle casualties for a very distinguished class of veterans Owing to their special disposition, they have rightfully earned certain privileges attributable to their status and disability.

2. Registered bodies like the Disabled War Veterans (India) Regd and the Rehabilitation Council of India have these veterans as members The President of the Disabled War Veterans (India) has given a valuable input that majority of our AFMS hospitals are not War Veterans Battle casualty friendly

3. The DGAFMS has desired that this input should serve as a catalyst for introspect or assimilation and action to achieve standards, to arrive to an environment which displays our concern for this special class of veterans.

4. In view of the above, it is to be ensures that our Health Care Establishments adopt the following modalities:

(a) Special earmarked counters outlets /queues for. Was wounded/Battle causality veterans in OPDs, Dispensaries etc

(b) In case special counters / outlets / queues are not possible due to procedural technical constraints, the war wounded / battle casualty veterans will be seen out of turn Appropriate signage's to this effect are required to be displayed prominently.

5. Besides implementation of the above modalities, extension of extreme courteousness and empathy to all disabled and veterans must be ensured in letter and spirit

6. This has the approval of DGAFMS

(VS Grewal)
Lt Col
Jt Dir AFMS (H)

Tele: 011-25683476
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt — 110010

B/49770/AG/ECHS/Treatment/2021
(All Regional Centres)

24 Feb 2022

OBSERVATION IN FILLING OF PROFORMA- APPENDIX 'A'

1. Refer to Department of Orthopaedics & Major Rehabilitation Centre, Bangalore letter No. CHAFB/531/9/PHY dated 03 Feb 22.

2. It has been observed multiple times that implant details are not mentioned properly in Appendix 'A' causing inconvenience for the ECHS beneficiaries. As an example, one such Appendix 'A' is enclosed herewith, wherein amount has been written in place of implant details at Serial Number 08.

3. It is requested that treating hospitals should be sensitized to mention implant details in following specifications in Appendix 'A' to enable speedy disposal of the same.

(a) Make — Titanium/SS
(b) Brand/company
(c) Size
(d) Screws/bolts required and
(e) Number of implants
(f) Financial Implication.

4. For your kind info and compliance and dissemination to all the Empanelled Hospitals under your AOR.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Tele: 011-25683476
Mil : 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg, Near
Gopinath Circle
Delhi Cantt - 110 010

B/49770/AG/ECHS

19 Apr 2022

All Directors
Regional Centre ECHS

DETAILS OF PENDING RE-IMBURSEMENT OF INDIVIDUAL CLAINS FOR LONG DURATION

1. Refer to this HQ letter No B/49717-C/AG/ECHS dt 31 Mar 2021.

2. It has been observed with concern that the reimbursement claims of individuals are pending for long duration at various stages of processing. The state of large number of pending claims is alarming. Timely processing of indl Reimbursement claims will certainly reduce avoidable complaints and litigations and enhance the image of ECHS and RCs/PCs.

3. In order to reduce the pendency of claims, it is once again reiterated that following actions be taken care of: -

(a) All NMI for Individual reimbursement bills be resolved on priority by approaching the Polyclinics and individual beneficiaries.

(b) Claims lying in the Polyclinics be uploaded on priority.

(c) All waivers/sanctions be processed expeditiously.

(d) Regional Centres to contact BPA for any reimbursement claim pending for more than 15 days at their end.

(e) Payments for approved claims be released forthwith.

4. The details of reimbursement claims are easily available on BPA portal and it is requested that dashboard be followed regularly to resolve the pending claims.

5. For consideration and necessary action please.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Tele: 011-25683476
Mil: 36833

Central Organisation, ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt — 110010

B/49770/AG/ECHS/Treat/2021

07 Jul 2022

(All Regional Centres)

ECHS TREATMENT CKD ON COURT ORDERS

1. A special provision has been created in the online application to apply for new 64 KB ECHS Cards for special sanction cases.

2. The Primary Beneficiary has to select 'Others' option under the drop down select disability details. Then the following two windows will open to upload documents:-

(a) Medical Certificate for PWD Disability.

(b) Special Sanction letter for Disability.

3. Once the application is submitted and verified by Record Office, then it will be visible to CO ECHS, (Medical) to process further. Once the application is verified by CO ECHS (Med), then Online Temporary Slip can be downloaded and White Cards will be printed.

4. This is for your information and necessary action please.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Tele 25683476
Mil: 36833

Central Organisation ECHS
Adjutant Generals Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg Near
Gopinath Circle
Delhi Canti-110010

B/49769/AG/ECHS

11 Aug 2022

All RCS

PROPOSAL FOR INDIVIDUAL WAIVER AND SANCTION ONLINE MODE FROM MANUAL MODE.

1. The BPA has developed an online module for **Individual Waiver And Sanction.** The module with be made online on 16 Aug 2022 on the BPA site. No individual waiver **and s**anctions processed on paper will be entertained after 0001h on 22 Aug 22.

2. Detailed instructions to the user for the module on waiver and sanction is attached as Appx 'A'.

3. Further it is requested that this be disseminated to respective PCs and individual beneficiaries.

(A C Nishil)
Col
Dir (Med)
For MD ECHS

UTI Infrastructure Technology And Services Limited
(A Government of India Company)
Date: 10h August 2022

To,
Director Medical
ECHS Bhawan,
Delhi Cantt.
Delhi

Subject: Proposal for Individual Waiver and Sanction online mode from manual mode Reg.

Dear Sir,

As per your letter of 4th July 2022 having reference number B/49779-Outsourcing/AG/ECHS demo on the waiver and sanction of individual claim was given on 15th July 2022.

After series of discussion with MD, ECHS and team the module is developed and demonstrated to for the sanction of delay submission of claims waiver and Emergency Information Report (EIR) waiver.

We submit the proposal with screens and instructions of various roles for your kind perusal. The **other terms** and conditions of the proposal remain same.

Please give your approval so that the module can be made live.

Thanking you,
Sd/-
Koshy Thomas, Vice President (IT)

Encl: 1. Work Flow
2. Instruction to User

Copy To:

1. Mr. Sanjeev Tomar, HOD --Insurance, UTIITSL
2. Mr. Pradeep Shenoy, VP -- Insurance, UTIITSL

CN: USHIMH 1883001077051
Navi Mumbai 40014 Tel: 021-4703 1010 Fax: 022-8**731008 Website: www.utittal.com REGIONAL OFFICE Plot No** 3, Sector 1**1, COD Belapur, Navi Mumbai 400614 Tel: 012-47031010**
Fax: 021-67031090 Email; mumbaloutfital.com

UTI Infrastructure Technology And Services Limited
(A Government of India Company)

Work Flow

CIN: U65*31 MH1430 01072054
CUM NUS Plich Marty Apparel and *LOC* 17601X1), BOKEWA12011,80 11 2015
Chapter Registered Office. Plot No. 2, factor-11, CBD Balapur, Navi Mumbai - 400814 Tel: 022-67831010 Fax: 022-87731086 Website: www.tits.com REGIONAL OFFICE Plot No. 3, Sector - 11, CBD Bolapur, Navi Mumbal - 400014 Tel: 022-87331010
Fu: 0226**7931099 Email: mumbal@utitel.com**

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INSTRUC*TI*ON FOR USERS FOR INDIVIDUAL CLAIM WAIVER *F*OR FIR AND DELAY SUBMISSION

1. Introduction

ECHS Polyclinic receives the claims from beneficiaries for reimbursement. Sometimes the claims received are beyond the acceptable timelines of the ECHS Central Organization. Intimation of Admission/ Emergency Information Report (EIR) to polyclinic by ECHS beneficiary/ NOK in case of Emergency admission in Non Empanelled Hospitals has to be within 48 hours from time of admission, if delayed beyond hospitalization period upto 90 days from the date of discharge and submission of Hard Copy of claim to Polyclinic within 90 days from date of discharge. In cases of claims where above time lines polyclinics have to take the EIR waiver and delay submission waiver respectively. No claims will be processed by BPA where requirement of EIR waiver and Delay Submission waiver is required.

The claims where the EIR Waiver and (or) Delay Submission waiver is required claims are not submitted for processing to the BPA (Bill Processing Agency - UTIITSL) but are automatically moved to the Regional Centre and Central Organization for recommendation/approval.

This system will affect following group of users:

1. OIC Polyclinic
2. Regional Centre - JD HS
3. Regional Centre - Director

4. Director Medical Central Organization, ECHS
5. Dy. MD, Central Organization, ECHS
6. MD ECHS

The flow of the process is as per the Work Flow attached.

CIN: U65991NH1893*601*077051
CMMI NUSA Web) Approved and BOVEC 27001:2013. SOREC 20000-1:2011, 160 0001:2015 Carther Company Registered Office: Plot No. 3, Sector 11, CBD Dholapur, Navi Mumbai. 400814 Tel: 072-87031010 Fax: 022-879J1000 Website: www.utittal.com REGIONAL OFFICE Plot No. 3, Sector - 11. CBD Belapur, Navi Mumbai - 400014 Tel: 022-87931010
Fax: 022-67831099 Email: mumbal@uuital.com

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2. INSTRUCTIONS FOR POLYCLINIC USER

Beneficiary submits the claim in hard copy to the polyclinic. OIC Polyclinic checks the **dates** of EIR, Date of Submission, Date of Discharge and on requirement of waiver clicks the link Reimbursement and fills the necessary fields on the screen and submits. On submit the following screen appears. Here the user can select the Patient Type and fill the necessary details.
User is required to fill the required details of Card, dates and Admission type and on Submit following screen will appear.

CIN: U$S99 IHH199300107 2051
Company Registered Office; Plot No. , Sector-11, CBD Bolapur, Navi Mumbai 400614 Tat: 072-87931010 Pan: 022-67831009 Website: www.uttar.com REGIONAL OFFICE Plot No. 3, Bactor-11, CBD Balapur, Navi Mumbal - 400814 Tel: 022-67931010
Fax: 022-87831099. Email: mumbaigutital.com

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Reimbursement Claim submission For In Patient

This screen will appear only when waiver is required for the claim and if wai*v*er is not required it will not appear.

Reimbursement com submission For In-Patient

In the following screen capture the reasons for the EIR Delay and Late submission (if any) and submit

CIN: UGSASIMH193GQ1072011

Company Registered Office Plot No. 1, Sector 11, CBD Belapur, Navi Mumbal-400014 Tel: 022-67031010 Fax: 022-67031099 Website: www.utital.com REGIONAL OFFICE Plot Na. 3, Sector 11, CBD Belapur, Navi Mumbai. 400814 Tel: 022-67931010
Fax: 022-67931099 Email: mumbai@utiltal.com

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Reimbursement Claim Submission for In Patient

On submission of the claim following message with Claim ID will come on the screen. This is the generated claim ID for the submitted Claim. The request for waiver is sent to Regional centre as per the work flow for approval.

Confirmation notice windows

- **Claim has been saved (Interim) with Claim ID 16086911**
- **This Claim will be available under Reimburse Pending**
- **Sent for approval of EIR Intimation Delay and Close**

On Close button click the user will see the detailed screen for submission of the Claim as given below. The user can upload the documents (if any) for waiver also from here.:

CIN: URSMAIMH1993001072051
Registered Office : Plot No. 3, Sector-11, COD Belapur, Navi Mumbal. 400814 Tel: 022-37931010 Fax: 022-87831099 Website: www.utlul.com REGIONAL OFFICE Plot No. 3. Sector 11, CBD Balapur, Navi Mumbal • 400014 Tel: 022- 8T931010
Fax: 022-87931099 Email: mumbal@utilisl.com

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Here the user is required to fill all the tabs as is done currently to upload the claim for reimbursement. If the claim is requiring the waivers it will go to Regional Center and (or) Central Organization for final approval and recommendation of the waiver. Once the waiver is accorded then only the claim will go for processing to the BPA (Bill Processing Agency - UTIITSL). In case the claim is saved and not submitted with the documents it will be available in the Pending Reimbursement.

The status of the waiver submitted claim can be seen under Waiver For Members > Waiver Status List. On click of the link the status of the submitted waivers list is displayed.

Registered Office: Plat No. . Sector-11, CBD Belapur, Navi Mumbai - 400014 Tel: 022-87931010 Fax: 022-U7031089 Website: www.utlitsl.com REGIONAL OFFICE Plot No. 3, Sector 11. CBD Belapur, Navi Mumbai - 400814 Tel: 022- 67931010 Fax: 022-87931099 Email; mumbaiQutltal.com

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The JD HS user will go the Waiver for Member > Wai*v*er Approval menu link and click the link. The list of the claims requiring waiver is visible to the user. User will click the claim ID to open the waiver request and make its recommendation.
The following screen appears on click of the Waiver Approval link
On the above screen the decision JDHS will take and accordingly it will move to RC Director for further processing. Following message will appear to user.

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

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Confirmation notice window

- Process Successful. For**warded to RC - Director**

Close

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

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4. INSTRUCTION FOR REGIONALCENTRE – DIRECTOR

The RC Director will go the Waiver for Member > Waiver Approval menu link and click the link. The list of the claims requiring waiver is visible to the user. User will click the claim ID to open the waiver request and make its recommendation. If the user has uploaded some supporting documents for waiver it will be available in Uploaded Documents tab.

The following screen appears on click of the Waiver Approval link
On click of the claim following screen will come where the user can see the process trail for the claim regarding the waiver and sanction.

User will click the tab Decision for Waiver to recommend its approval.
The following screen will appear.

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

From the above screen user can make its choice and give remarks and submit.
Confirmation notice window *:.*
• Waiver approved. The claim can now be submitted for reimbursement

Close

On click of the submit button the above message comes after approval and if the requirement is for going the claim to Central Organization it will move to Director Medical for their recommendation.

5. INSTRUCTION FOR Director Medical Central Organization, ECHS

The Director Medical will go to Wai*v*er for Member > Wai*v*er Approval menu link and click the link. The list of the claims requiring waiver is visible to the user. User will click the claim ID to open the waiver request and make its recommendation. If the user has uploaded some supporting documents for waiver it will be available in Uploaded Documents tab The following screen appears on click of the Wai*v*er Approvallink

On click of the link the following screen appears to see the trail process for the claim in respect of waiver and sanction.

On click of the Decision for Waiver the following screen appears.

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

यूटआई इन्फ्रार टैौलॉजी ए सवसेज लमटेड
UTI Infrastructure Technology And Services Limited
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Here the user can gives its recommendation, remarks and submits the response.

The following message appears over the screen
confirmatio**n notice window**

- **Process Successful. Forwarded to Corg Dy MD**

Close

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

यूटआई इन्फ्रार टेलॉजी ए सवसेज लमटेड

UTI Infrastructure Technology And Services Limited

***(*A Government of India Company)**

6. INSTRUCTION FOR DY.MD, CENTRAL ORGAN*I*ZATION, ECHS

The Dy MD, ECHS will go to Waiv*e*r for Member > Waiver Approval menu link and click the link. The list of the claims requiring waiver is visible to the user. User will click the claim ID to open the waiver request and make its recommendation. If the user has uploaded some supporting documents for waiver it will be available in

Uploaded Documents tab The following screen appears on click of the Wai*ver* Approval link

On click of the link the following screen appears to see the trail process for the claim in respect of waiver and sanction.

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

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On click of the Decision for Waiver the following screen appears.

Here the user can make its choice. If approved it will make the claim move to BPA (Bill Processing Agency - UTIITSL) for further processing and on recommendation of Approval/Rejection it will go to MD, ECHS for final decision. The following screen appears on submission.

Confirmation notice window -

- **Process Successful. Forwarded to** COrg – MD

Close

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

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UTI Infrastructure Technology And Services Limited
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7. INSTRUCTIONS FOR MD ECHS

The MD, ECHS will go to Waiver for Member > Wai*v*er Approval menu link and click the link. The list of the claims requiring waiver is visible to the user. User will click the claim ID to open the waiver request and make its recommendation. If the user has uploaded some supporting documents for waiver it will be available in Uploaded Documents tab The following screen appears on click of the Wai*v*er Approval link
On click of the link the following screen appears to see the trail process for the claim in respect of waiver and sanction.
On click of the Decision for Waiver the following screen appears.

Registered Office Plot No. 3, Sector **11, CBD Belapur, Navi Mumbai 400014 Tel: 022-87031010 Fax: 022-9783109° Website: www.utittal.com REGIONAL OFFICE Plot No. 2, Sector 11, CBD Belapur, Navi Mumbai - 400614 Tel: 022-67931010 Fax: 022-67931099 Email: mumbai@utital.com**

यूट◌आई इन्फ्रा◌◌◌र टे◌◌ोलॉजी ए◌ स◌वसेज ◌ल◌मटेड
UTI Infrastructure Technology And Services Limited
***(*A Government of India Company)**

On submission the following m**essage appears**

confir**mation notice window**

Waiver approved. The claim can now be submitted for reimbursement

Close

On approval, claim is fully submitted with all required documents will go to BPA for processing and if not submitted fully it can be submitted by polyclinic from Pending Reimbursement. On submission it will be moving to BPA for processing.

CIN: 065091MH1993001072051
Registered Office: Plot No. 1, Sector-1**1, CBD Belapur, Navi Mumbai - 400014** Tel: 072-8**7R31010 Far: 022-37931029 Website: www.uttalcom REGIONAL OFFICE Plot No. 3, Sector - 11, CBD Belapur, Navi Mumbai 400014 Tel: 021- 67131010** Fax: 022-**67131098 Email: mumbalgutlitsl.com**

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Policy/2022

12 Aug 2022

(_____)
All Regional Centres

EXECUTIVE INSTRS: RELAXATION OF RULES FOR CONSIDERATION OF REIMBURSEMENT IN EXCESS OF THE APPROVED RATES PERTAINING TO MEDICAL CLAIMS UNDER ECHS

1. Ref this office letter No B/49770/AG/ECHS/Policy/2019 dated 08 Apr 2019 and MOD (DoESW) letter No 22A(37)/2018/WE/D(Res-|) dated 15 Jan 2019.

2. It is directed that all Dirs/JD(HS), Regional Centres will only process those cases which are under criteria of MoD, DoESW letter under ref. All documents incl personal application, Statement of Case etc must bring out under which para and sub para of MoD, DoESW letter the case is to be processed for consideration of High Powered Committee (HPC).

3. This has the approval of MD ECHS.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Internal

Claim Sec	-	for info and necessary action please. Stats &
Automation Sec	-	for uploading the letter on ECHS website.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Integrated Headquarters MoD(Army)
Adjutant General's Branch
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49770/AG/ECHS/Treatment/2022 08 Sep 2022

Regional Centre, ECHS
Patna

REGARDING DENIAL OF GIVING APPROVAL FOR UNLISTED PROCEDURE

1. Refer your letter No. 1078/2/ECHS dated 23 Aug 2022.

2. As per CO ECHS letter No B/49770/AG/ECHS/Treatment dated 21 Jul2017, Appendix 'A' has been instituted for the purpose of unlisted procedures/tests/implants and is raised by the emp hosp for undertaking the same with prior approval of SEMO/PMO/CMO of the station. Appendix 'A' should not be raised for medicines.

3. Hence, there is no requirement of Appendix 'A' for hemotherapy/Radiotherapy /Immunotherapy and no requirement of opinion of Service Oncologist for non DCGI approved newer/latest therapies. However, for UnlistedProcedures/Investigation/ Implants,the procedure to be followed will be same without any change as given out in CO ECHS letter No B/49778/AG/ECHS/PA/Rulling dated 28 Jun 2011, even No dt 03 Feb 2017 and letter No B/49770/AG/ECHS/Treat/Policy/2021 dated 26 Oct 2021.

4. This is for your info and necessary action please.

(SK Gupta)
Col
Jt Dir (Med)
for MD ECHS

Encls:- As above

Copy to:-

All Regional Centres - For your info and take necessary action on Para 2 to 4 above.

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49774/AG/ECHS/Hosp Extn/Policy/2022

13 Sep 2022

(_____)
All Regional Centres

EXTN OF STAY IN HOSPITAL (APPX A, B AND C)

1 Please refer Central Org ECHS letter No B/49779-Outsourcing/AG/ECHS/ Extnstay dated 05 Jul 2022.

2. While scrutinising the uploaded extension of stay docu, following has been obs:-

(a) Appx B are being uploaded w/o signatures of committee members viz: the MO rep of SEMO and rep of Stn HQ. Physical signatures may be obtained after downloading the Appx B and upload the same again at Regional Centre.

(b) OIC Polyclinic, JD(HS), Regional Centre and Dir Regional Centre must only put their digital signature. No physical signature is necessary.

3. All Dir Regional Centres are requested to disseminate the same to all Polyclinics about above mentioned aspects and adhere to a/m instrs.

(SK Gupta)
Col
Offg Dir (Med)
for MD ECHS

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49769/AG/ECHS

16 Jun 2022

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

ADVISORY ON CONSULTATION AT ECHS EMPANELLED HOSP IN R/O ECHS BENEFICIARIES AGED 75 YEARS AND ABOVE

1. Please refer :-

(a) Govt of India, MoHFW letter No Z 15025/35/2019/DIR/CGHS/CGHS(P) dated 29 May 2019.

(b) CO ECHS letter No B/49774/AG/ECHS/Referral2020 dated 20 May 2020.

2. According to the GOI, MoD/DESW letter No 22D(06)/2019AVE/D(Res) dated 03 Feb 2020 and Para 3 of CO ECHS letter No B/49774/AG/ECHS/Referral2020 dated 20 May 2020, beneficiaries aged 75 years and above shall be permitted to seek direct OPD consultation from Spl of private empanelled hospital without a referral from the ECHS Polyclinics.

3. The above letters clearly mention that if any investigations/ procedures are advised and are required in emergency, no other authorization is required and the same may be under taken. However, in non-emergency conditions approval of competent authority is required listed investigations/ procedures are advised. Thus the beneficiaries are allowed listed investigations without any further approval from competent authority.

4. No beneficiary will be harassed and pressed to get referral for any inv/ procedure which does not require the same.

5. The above advisory is applicable for beneficiaries 75 years and above only.

6. This has the approval of MD ECHS.

(A C Nishil)
Col
Dir(Med)
For MD ECHS

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49774/AG/ECHS/Referral/2022

24 Mar 2022

Stn HQ Cell (ECHS)
Clo HQ 91 Sub Area Clo 56 APO

AREVISION OF GUIDELINES REGARDING SIMPLIFICATION OF REFERRAL SYSTEMS UNDER ECHS : ONLINE APPROVAL OF APPX-'A'

1. Ref HQ 91 Sub Area letter No 426/R dated 08 Jan 2022.

2. The response to the obsns raised on the revised procedure for Appx A is given as per succeeding paras.

3. **Para 2(a), (b) &(c):-** All three pts pertain to inability of the hosp to raise Appx A until acknowledgement of the claim ID by UTI. The point has been considered and the software has been amended where the hospital will be able to raise Appx A immediately on generation of Claim ID.

4. **Para 2(d):-** The Nodal Polyclinics and Service Hosps have been mapped and as an automatic backend process in the software, the Appx A will be routed to the nodal polyclinic for those gp of PCs. In case a patient is admitted in the AOR of another Nodal PC, the first Nodal PC has the option of referring the Appx A to that Nodal PC. The process being electronic should not take time, if the OIC PCs are alert to the requirements of the Beneficiary.

5. The OsIC PC may be educated accordingly.

(SK Gupta)
Col
Jt Dir(Med)
For MD ECHS

Encls: As above

Copy to:-

(_____) - Copy of HQ 91 Sub Area letter No 426/R dated 08 Jan2022 is fwd herewith for your info and necessary action please .
All Regional Centres

Tele: 25683719
Tele Fax: 011-25684946
Email : dirmedechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD(Army),
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-110010

B/49779/AG/Outsourcing/ECHS

20 Jan 2022

All Regional Centre

UPDATED LIST OF EMPANELLED HCOs BY RCs

1. All Director RCs are requested to update the list of Empanelled HCOs with details of Specialties for which the-HCOs are empanelled by using their Portal ID. Once updated the same will be confirmed to Med (Empanelment) CO ECHS by 24 Jan 22 and a printout of updated Empanelled HCOs will be pasted by the respective RCs.

2. This exercise need to be undertaken once in a qr, or may be immediately after every screening committee pertaining to approval of empanelment of HCOs incl addl facilities offered by the HCOs and also expiry of MoA of some HCOs. This will ease and reduce inconvenience to the ECHS Beneficiaries.

3. For strict compliance.

(SK Gupta)
Col
Offg Dir (Med)
For MD ECHS

Tele: 25683476
Mil: 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-110010

B/49769/AG/ECHS

22 Apr 2022

All Regional Centre

CHANGE IN PROCEDURE OF REFERRAL OF NON ENTITLED BENEFICIARY

1. Please refer :-

(a) Govt of India, Ministry of Defence letter No 24(8)/US/(WE)/D(Res) dated 19 Dec 2003.

(b) GOI (MoD) letter No 22D(09)/2013/US(WE)/D (Res) dated 26 Jul 2016.

(c) O/o DGAFMS letter No 16301/18(CVESM DGAFMS/DG-3A dated 04 Jun 2019.

2. According to Para 2 of the Govt of India, Ministry of Defence letter No 24(8)/US/(WE)/D(Rés) dated 19 Dec 2003, all Ex-Servicemen (ESM) and their dependents requiring hospital admission will in normal course be referred to AFMS hospitals in the station. For this purpose DGAFMS will earmark a suitable number of beds in all AFMS hospitals for ECHS beneficiaries. In case of non-availability of bed/ facilities in AFMS hospitals, patients will be referred to empanelled hospital for admission. The same letter vide para 4(f) states that. "Hospital Stoppage Rolls(HSR) and any other charges expended for treatment in Military Hospital will be paid in full by the member and is not reimbursable.

3. According to O/o DGAFMS letter No 16301/18(C)/ESM DGAFMS/DG-3A dated 04 Jun 2019 the AFMS hospital recognizes only the veteran, his spouse and children below the age of 25 years as dependents. However, according to ECHS rules dependent status is also given to eligible parents, brothers /sister, PWD 2016 beneficiaries above the age of 25 yrs . This creates an anomalous situation when entitled ECHS beneficiaries are treated as non-entitled/in AFMS hospital where HSR and other charges paid by them is not reimbursable as per extant orders.

4. In view of the above and contents of O/o DGAFMS letter No 16301/18(C)/ESM DGAFMS/DG-3A dated 04 Jun 2019, non entitled ECHS beneficiaries may be directly referred to empanelled hospital/ Govt hospital. ECHS beneficiaries entitled for treatment in AFMS hospitals will continue to be referred to the AFMS hospitals.

5. This has the approval of MD ECHS.

(ACNishil)
Col
Dir (Med)
For MD ECHS

Copy to: -

Mod/DoESW		
CGDA	-	for Info pl
UTI-ITSL(BPA) SDCPL		

Internal

All Sec	-	for info
Stats & Automation Sec	-	for uploading on website

Tele: 25683476
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

20 Feb 2015

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REVISION OF RATES FOR VARIOUS TREATMENT PROCEDURES UNDER ECHS

1. Ref this office letter No B/49773/AG/ECHS/Rates/Policy dt 07 Oct 2014 and B/49773/AG/ECHS/Rates/Policy dt 19 Nov 2014

2. CGHS has revised the rates for various treatment procedures vide their OM NO S- 11011/48/2014-CGHS (HEC) dt 18 Feb 2015. The rates of under mentioned treatment procedures alongwith their CGHS code are as under:

S No	CGHS Code	Treatment Procedure	Current Rate		Revised Rates	
			Non NABH	NABH	Non NABH	NABH
Gynae& Obst						
(i)	648	RVF Repair	14000	16100	18975	21821
(ii)	1590	USG for Obstetrics - Anomalies scan	323	380	770	886
Nephrology & Urology						
(i)	793	Epididymectomy	8000	9200	15938	18750
(ii)	888	Lithotripsy Extra Corporeal shock wave	19000	21850	19550	22483
(iii)	746	Ureteric Catheterization	690	794	8278	10950
(iv)	807	KidneyTransplant (Related)	3500	4025	200000	230000
(v)	808	Kidney Transplant (unrelated) including immunosuppressant therapy	143000	164450	300000	345000

General Surgery						
(i)	372	SecondarySutureof wounds	290	334	3400	4000
(ii)	390	Haemorrhoidectomy	2500	2875	20720	24375
(iii)	391	Stappler Haemorrhoidectomy	4025	4629	38000	43700
(iv)	393	Varicose vein surgery; Tendelenburg operation with suturing or ligation	8625	9919	10000	11500
(v)	18	Catheterization	83	95	425	500
(vi)	477	FissureinAno-Fissurectomy	5750	6613	13800	15870
(vii)	506	Laproscopic ParaumblicalHernia Repair	12580	14800	17500	20125
Ophthalmology						
(i)	32	Pterygium Surgery	86	99	5500	6325
(ii)	34	Conjunctivalwound repair or exploration following blunt trauma	115	132	3300	3795
Imaging Investigations						
(i)	150	CT-orbit and brain	173	199	1600	1840
(ii)	991	Foramen magnum decompression for Chari Malformation	1100	1265	9 3750	107813
Cardiology						
(i)	534	DVR	53000	60950	155422	178735

2. Reimbursement to beneficiaries/ empanelled hospitals shall be limited to ceiling rate or as per actuals, whichever is lower. The other terms and conditions as regards to CGHS package rates remain unchanged.

3. The revised rates shall come into force for ECHS from the date of issue and shall be in force till further orders and are applicable in all cities.

(Vijay Anand)
Col Dir (Med)
for MD ECHS

Copyto: MoD

(DoESW)	-	for info alongwith copy of CGHS OM NO S-11011/48/2014 CGHS (HEC) dt 18 Feb 2015.
DGAFMS-DG-3A DGMS (Army)/DGMS-5(B) DGMS (Navy)/Dir ECHS (Navy) DGMS (Air Force) (Med-7)	-	forinfo please.
Office of the CGDA Ulan Batar Road Palam, Delhi Cantt-10		
UTHTSL 1533/1, Above Farico Show Room 1st Floor, Old Madras Road Halasuru,Bangalore, Karnataka-560008	-	forinfo.
All Regional Centres	-	Request confirm receipt and intimate the new rates have been implemented.

Internal

Ops & Coord, P & FC, Claim Sec	-	for info.
Stats & Automation Sec	-	for uploading on ECHS website.

Tele: 25683476
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

24 Feb 2015

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REVISION OF CEILING RATES AND GUIDELINES FORVARIOUS CORONARYNASCULAR STENTS FOR ECHS BENEFICIARIES

1. Ref this office letter No B149773/AG/ECHS/Rates/Policy dt 26 Apr 2013.

2. Para 2 (b) (iii) is hereby deleted as the same is covered as

under: For: (ii) Cobalt Sents.

Read: (ii) Cobalt Stents (including coated and other Stents)

(VijayAnand)
Col
Dir (Med)
for MD ECHS

Copy to:

MoD (DoESW) - forinfo please.

Ops & Coord, P & FC, Claim Sec

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)-
DGMS (Air Force) (Med-7)

Office of the CGDA
Ulan Batar Road
Palam, Delhi Cantt-
10

UTHTSL
1533/1, Above Farico Show Room 1st Floor, Old Madras Road Halasuru, Bangalore, Karnataka-560008

All Regional Centres
Internal

- for info.

forinfo please.

- Request confirm receipt and intimate the new rates have been implemented.

- for info.

Stats & Automation Sec - for uploading on ECHS website.

Tele: 25684945
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

27 Feb 2015

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

GUIDELINES ON ONCOLOGY TREATMENT

1. Please refer our letters No B/49773/AG/ECHS/Rates/Policy dated 09 Dec 2014

2. The empanelled hospitals are requesting for a clarification on Chemotherapy & Radiotherapy rates. The rates for Chemotherapy have been clarified at para 2 (v) of the letter under ref. CGHS has clarified that 10% deduction on chemotherapy drugs which was applicable to hospitals under ECHS is no more applicable after implementing of CGHS 2014 rates & terms and conditions of new MOA.

3. CGHS 2014 rates will be applicable for Radiotherapy:

4. This HQ letter No B/49773/AG/ECHS/Rates/Policy dt 06 Jul 2011 is hereby superseded.

(VijayAnand)
Col
Dir (Med)
for MD ECHS

Copy to :

MoD(DO ESW) - for info please.

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7) - for info please.

Office of the CGDA
UlanBatar Road, Palam, Delhi Cantt-10

UTI-ITSL,1533/1, Above Farico Show Room - forinfo.
1st Floor, Old Madras Road, Halasuru,
Bangalore, Karnataka-560008

All Regional Centres - Request confirm receipt and ensure action. E-Mail dated 13 Feb 15 also refers.

Internal

Ops & Coord, P& FC, Claim Sec - for info.
Stats & Automation Sec - for uploading on ECHS website.

Tele: 25683479
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry
of Defence (Army) Maude Lines
Delhi Cantt-110010

09 Mar 2015

B/49773/AG/ECHS/Rates/Policy

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REVISIONOF PACKAGE RATES APPLICABLE UNDER ECHS LUCKNOW

1. Please refer our letter No B/49773/AG/ECHS/Rates/Policy dt 19 Nov 2014.

2. Office of Additional Director CGHS, Lucknow vide their letter No 3-216/2013 CGHS/LKO dt 03 Mar 2015 has revised the rates for various procedures/ treatments/ investigations under CGHS Lucknow & the rates will be 90% of approved New Delhi CGHS rates.

3. The same rates will be applicable for ECHS wef 09 Mar 2015.

(VijayAnand)
Col
Dir (Med)
for MD ECHS

Copy to:

DOESW - for info.

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7) - for info please.

UTHTSL
1533/1, Above Farico Show Room - forinfo.
1st Floor, Old Madras Road
Halasuru,Bangalore
Karnataka-560008

Office of the CGDA Ulan Batar Road Palam, Delhi Cantt-10	-	for info please.
AMA ECHS Embassy of India Kathmandu, Nepal	-	for info.
All Regional Centres	-	Request confirm receipt and intimate the new rates have been implemented to empanelled hospitals and ECHS Polyclinics under your AOR.

Internal

MD Sectt	-	informed.
Ops & Coord P & FC, Claim Secs	-	for info.
Stats & Automation Sec	-	for uploading on ECHS website alongwith soft copy of said letter.

Tele: 25683476
ASCON: 36833

REGISTERED BY POST

CentralOrganizations, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines

B/49770/AG/ECHS/HA/Policy

06 Jul 2015

IHQof MoD (Navy)/ Dir ECHS
(N) Air HQ (VB)/ DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REVISION OF RATES FORPROCUREMENT ONPURCHASE OF HEARING AIDS FOR ECHS BENEFICIARIES

1. Ref following policy letters:

(i) NoB/49770/AG/ECHS/HA dt 30 Aug 2006
(ii) (ii)B/49770/AG/ECHS/HA/Policy dt 18 Mar 2012.

2. Rates for reimbursement of amount incurred on purchase of hearing aids has been revised by the Ministry of Health & Family Welfare vide their office Memorandum No S. 14025/10/2002/MS dt 26 May 2015.

3. The revised celling rates fixed for various types of hearing aids (for one ear) are as under :

(a) Body worn/ Pocket type - Rs 3,000/-
(b) Analogue BTE - Rs 7,000/-
(c) Digital BTE - Rs 15,000/-
(d) Digital ITC/CIC - Rs 20,000/-

4. The cost of hearing aid shall include all taxes including VAT and shall carry three year warranty. The cost of Analogue BTE/Digital BTE/ Digital BTEI ITC/CIC type hearing aid shall also include the cost of ear mould.

(VijayAnand)
Col
Dir (Med)
for MD ECHS

SK -

Copy to

O/o DGAFMS (DDG Std)
DGMS (Army)/ Dir ECHS
DGMS (Air Force DMS (MB) (Med-7)
MoD (DO ESW)
All Regional Centres ECHS - Please disseminate the above info to all
Polyclinic - In your area of jurisdiction.

Internal

Ops & Coord Sec, P & FC Sec, Claim Sec - for in
IT Sec for uploading it on ECHS website in policy,

Tele: 25683476
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

11 Sep 2015

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command
(A/ECHS)

GUIDELINES ON ONCOLOGY TREATMENT: RATES FOR CANCER SURGERY FOR EMPANELLED HOSPITALS

1. Reference:
   (a) This office letter No B/49773/AG/ECHS/Rates/Policy dt 09 Dec 2014.
   (b) CGHS Office Memorandum of No S-11045/36/2012-CGHS (HEC) dt 07 Sep 2015 (Copy attached).

2. Annexure to this office letter under reference as mentioned para 1(a) is revised vide annexure-I of CGHS office memorandum mentioned in para 1(b).

3 These rates will be applicable from 11 Sep 2015.

(VijayAnand)
Col
Dir (Med)
for MD ECHS

Encls: As above

Copy to :

MoD (D/O ESW) - forinfo please. DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)- forinfo please. DGMS (Air Force) (Med-7)

Office of the CGDA
Ulan Batar Road
Palam, Delhi Cantt-10

All Regional Centres - Request confirm receipt and intimate the new rates have been implemented.

Internal

Ops & Coord, P& FC, Claim Sec - for info.

Stats & Automation Sec - for uploading on ECHS website.

F. No. S-11045/36/2012 - CGHS (HEC)
Government of India Ministry
of Health & Family Welfare
Directorate General of CGHS
****

MaulanaAzad Road, Nirman Bhawan
New Delhi 110 108 Dated: 7th September, 2015

OFFICE ORDER

Subject: CGHS Rates for Cancer Surgery for hospitals empanelled under CGHS - Revised w.e.f. date of issue of this order.

The undersigned is directed to draw attention to the Office Memorandum of even no. dated the 1st October, 2014 and to clarify that CGHS rates for Cancer surgery at Hospitals empanelled under CGHS shall be as per the details given below:

2.1 Rates of Tata Memorial Hospital, Mumbai (2012), as mentioned below for Cancer surgical procedures are treated as CGHS rates for NABH accredited hospitals. For Non-NABH accredited hospitals the rates would be reduced by 15%. These rates are for treatment for Semi private ward entitled class with 10% decrease for GI. Ward and 15 % enhancement for Private ward entitled beneficiaries.

2.2 The duration of treatment for different categories of Surgery will be as

follows: Category –I---------- 1-2 days
Category II..... .. 3-5 days
(7-10 days in respect of operations involving Abdominal / thoracic cavity) Category III, IV, V&VI..... 12 14 days

2.3 The surgical procedures are enlisted under Categories - I, II, III, IV, V & VI and the list is annexed to this Office Order (at Annexure-I).

2.4 Rates applicable for room rent (Accommodation Charges) for different categories of wards are given below: General ward -Rs.1000/- per day
Semi-private ward -Rs. 2000/- per day
Private ward -Rs.3000/-per day

CGHS beneficiaries are entitled to facilities of private, semi-private or general ward depending on their basic pay / pension. The entitlement is as follows:

S. No.	Basic Pay (without the inclusion of grade pay)	Entitlement
1.	Upto Rs. 13,950/	General Ward
2.	Between Rs.13,951/- and Rs. 19,530/	Semi-Private Ward
3.	Rs. 19,540/- and above	Private Ward

For any **day care procedure** requiring short admission - a few hours to one day-accommodation charge for one day as per entitlement shall be applicable provided the patient has been admitted in a room as per his/her entitlement.

2.5 Investigation rates and procedure charges for Chemotherapy shall be as per CGHS prescribed rates of concerned city. In case of Chemotherapy the rates prescribed are procedural charges only. Room rent, investigations and cost of medicines are reimbursable in addition to procedural charges.

2.6 Consultation fee shall be as per CGHS rates applicable.

2.7 Investigations rates shall be as per CGHS prescribed rates of concerned city.

2.8 Cost of Implants / stents/ grafts is reimbursable in addition to packagerates as per CGHS ceiling rates for Implants/ stents / grafts.

2.9 The rates applicable for Anesthesia, Operation Theatre and Surgery Charges under Grades- I, II, II, IV, V & VI are given below.

Sr. No.	**DESCRIPTION**	**Rate in Rupees**
	ANAESTHESIOLOGY CHARGES	
1	Anesthesia Fees - Grade I	2700
2	Anesthesia Fees - Grade II	5000
3	Anesthesia Fees - Grade III	8000
4	Anesthesia Fees - Grade IV	10000
5	Anesthesia Fees - Grade V	14000
6	Anesthesia Fees - Grade VI	18000
	SURGICAL ONCOLOGY -Operation Theatre (Hospital Service Charges)	
1	Minor OT - Service Charges	1000
2	Minor OT - Surgery Charges	870
3	Minor OT - Drugs/Consumables (Without GA)	500
4	Minor OT - Drugs/Consumables (with GA)	750
5	Major OT - Service Charges - Less than 2 Hrs.	5000
6	Major OT - Service Charges - 2 To 4 Hrs	10000
7	Major OT - Service Charges - More than 4 Hrs	20000
	SURGERY CHARGES	
1	Grade I Surgery	5000
2	Grade II Surgery	12500
3	Grade III Surgery	20000
4	Grade IV Surgery	25000
5	Grade V Surgery	35000
7	Grade VI Surgery	45000

2.10 The admissible amount for Cancer surgery shall be calculated as per the formula given below:

Room rent as applicable + Anesthesia charges (as per category) + OT charges (as per category) + Surgery charges (as per category) + Investigations at CGHS rates + Cost of Medicines and Surgical Disposables.'

Anesthesia charges (as per category) + OT charges (as per category) + Surgery charges (as per category) prescribed above are applicable for semi-private ward. If the beneficiary is entitled for general ward there will be a decrease of 10% in these rates; for private ward entitlement there will be an increase of 15%.

Other conditions as prescribed in Office Memorandum of even number dated lat October, 2014 remain unchanged.

A copy of this Officer Order and rates for Cancer surgery are placed on the website http://msotransparent.nic.in/cghsnew/index.asp

(Dr. D.C. Joshi)
Director (CGHS)
(Tel: 011-2306 2800)

TO,

1. All Ministries / Departments, Government of India
2. All Additional Directors /Joint Directors of CGHS cities outside Delhi
3. All Pay & Accounts Officers under CGHS
4. Additional Director (Hars) / Additional Director (SZ), CGHS, New Delhi
5. JD(Gr.)/JD(R&H), CGHS Delhi
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8. Admn. I / Admn.II Sections of Dte. GHS

9. Rajya Sabha / Lok Sabha Secretariat
10. Registrar, Supreme Court of India /Punjab & Haryana High Court, Chandigarh
11. U.P.S.C.
12. Finance Division
13. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi.
14. PPS to Secretary (H&FW)/ Secretary (AYUSH)/ Secretary (HR)/ Secretary (AIDS Control), Ministry of Health & Family Welfare
15. PPS to DGHS / AS&FA / AS & DG / AS (H) / AS&MD, NRHM
16. PS to Director (CGHS), Nirman Bhawan, New Delhi.
17. Swamy Publishers (P) Ltd., P. B. No. 2468, R. A. Puram, Delhi & NCR 600028.
18. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
19. All Staff Side Members of National Council (JCM) (as per list attached)
20. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
21. All Offices / Sections / Desks in the Ministry
22. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi with the request to upload on the website of the CGHS.
23. Office Order folder
24. Guard File

	Gradation of surgical procedures for treatment of cancer	
Sr No	**Surgery Grade I**	**Grade**
	Procedure/ description of Surgery	
	Head & Neck	
1	Caldwel luc Operation	Grade I
2	Evaluation under anesthesia	Grade I
3	Knife/Punch/ Excision Biopsy of Tumor.	Grade I
4.	Laryngoscopy Direct	Grade I
5	Laser Fulguration for recurrent lesions.	Grade I
6	Neck Biopsy-excisional.	Grade I
7	Node Biopsy	Grade I
8	Oral Cavity Fulguration (Laser)	Grade I
9	Orbital mass, biopsy.	Grade I

	G.I.	
10	Gastroscopy	Grade I
11	Rigid Sigmoidoscopy	Grade I
	Bone & Soft Tissue	Grade I
12	Biopsy Needle	Grade I
	Thoracic& Paediatric	
13	Bronchoscopy Diagnostic	Grade I
14	Esophagoscopy-Diagnostic	Grade I
15	HickmanCath. Removal	Grade I
16	ICD Placement	Grade I
17	Lymph Node Biopsy Superficial	Grade I
18	Pericardial Tap	Grade I
19	Pleural Tap	Grade I
20	Thorax (Trucut Biopsy)	Grade I
21	Tracheostomy	Grade I
22	Trans Thoracic Needle Biopsy	Grade I
	Genitourinary/ Gynaecology	
23	Circumcision	Grade I
24	Colposcopy	Grade I
25	Dilatation & Curettage	Grade I
26	Incision & Drainage	Grade I
27	Testicular Biopsy	Grade I
	Breast	
28	Excision Gland/Nodule	Grade I
	Surgery Grade II	**Grade**
	Procedure/ description of Surgery	
	Head & Neck	
1	Alveolectomy (Upper) Per Ora	Grade II
2	Excision of pinna	Grade II
3	Excision of skin Malignancy Head & Neck.	Grade II
4	Eye Lid Tumor Excision	Grade II
5	Jaw cyst Enucleation	Grade II
6	Mandible Curettage.	Grade II
7	Maxilla Curettage.	Grade II
8	Neck Exploration	Grade II
9	. Pan endoscopy.	Grade II
10	Submandibular gland excision.	Grade II
11	Tongue wide excision per oral.	Grade II
12	Tonsillectomy.	Grade II
13	Wide excision Lip lesion.	Grade II
14	Oral cavity excision-Small lesion - Laser. how	Grade II

	G.I.	
15	Colostomy Closure	Grade II
16	Gastrostomy	Grade II
17	Gastrotomy	Grade II
18	Heostomy	Grade II
19	Heostomy Closure Of	Grade II
20	Internal Stenting	Grade II
21	Exploratory Laparotomy	Grade II
22	Laparoscopy Diagnostic	Grade II
	Bone & Soft Tissue	
23	Amputation Of Fingers/Toes	Grade II
24	Biopsy Open	Grade II
	Thoracic& Paediatric	
25	Bronchoscopy +Esophagoscopy (Diagnostic)	Grade II
26	Bronchoscopy Therapeutic	Grade II
27	Esophagoscopy-Therapeutic	Grade II
28	ExploratoryLaporatomy/Thoracotomy (Inoperable)	Grade II
29	Hickman Catheterisation	Grade II
30	NonresectableEsophageal Ca Exploration	Grade II
31	Pleurodesis Talc.	Grade II
32	Secondary Suturing (Thoracic)	Grade II
33	Thoracoscopic Pleurodesis	Grade II
34	Thoracoscopy-Diagnostic	Grade II
35	Thoracotomy-Inoperable	Grade II
36	Chest Wall Sinus Exploration	Grade II
37	Peneumonectomy Partial/Total	Grade II
	Genitourinary/ Gynaecology	
38	Conisation	Grade II
39	Inoperable Laparotomy.	Grade II
40	Diagnostic Hysteroscopy	Grade II
41	Bilateral Orchiectomy	Grade II
42	Cystoscopy	Grade II
43	Inguinal Node Biopsynen	Grade II
44	Meatoplastyna Pad	Grade II
45	Prostate Biopsy .	Grade II
46	Urethral Dilatation	Grade II
	Plastic & Reconstructive	
47	Reconstruct. With Skin/Mucosal Grafted	Grade II
	Breast	
48	Microdochectomy	Grade II
49	S/C Fossa Gland Dissection	Grade II
50	Breast Lumpectomy Alone	Grade II

	Surgery Grade III	Grade
	Procedure/ description of Surgery	
S No.	Head & Neck	
1	Buccal/Mucosa wide excision Cheek Flap	Grade III
2	Central Compartment clearance	Grade III
3	3 Ethmoidectomy	Grade III
4	Excision of parapharyngeal mass.	Grade III
5	Excision STS neck/Mass neck	Grade III
6	Jaw Tumour excision	Grade III
7	Head& Neck-contdek	Grade III
8	Laser Subglottic Tracheal Stenosis	Grade III
9	Laserfulguration Respiratory Papilloma	Grade III
10	Neck Dissection-Functional/Modified/ supra omohyoid.	Grade III
11	Orbital mass excision	Grade III
12	Parathyroid excision,	Grade III
13	Pharyngeactomy-Partial.	Grade III
14	Premaxillectomy.	Grade III
15	Scalp tumor +skull bone excision.	Grade III
16	Thyroid-Hemi/Subtotal/Total - thyroidectomy.	Grade III
17	Tongue wide excision per oral with neck dissection.	Grade III
18	Tracheal wall partial resection.	Grade III
19	Wide excision floor of the mouth/Neck	Grade III
20	Wide excision -Lip and Neck.	Grade III
21	Laser excision-Supraglottic.	Grade III
22	Buccal/Mucosa wide excision Peroral	Grade III
23	Enucleation of the Eye.	Grade III
24	Eyelid (upper/lower) Excision with reconstruction	Grade III
25	Floor of the Mouth - Wide excision	Grade III
26	Laser Aretynoidectomy.	Grade III
27	Hemiglossectomy Peroral,	Grade III
28	Microlaryngoscopy Chord stripping (Laser) /Laser excision Chordectomy.	Grade III
29	Oral cavity excision-Large lesion Laser.	Grade III
	GI	
30	Abdominal Mass Excision	Grade III
31	Cholecystectomy	Grade III
32	Cholecysto-Jejunostomy	Grade III
33	Choledocho-Duodenostomy	Grade III
34	Colectomy Revision	Grade III
35	Colon (Resection Anastomosis)	Grade III
36	Colon (Left Hemicolectomy/Right Hemicolectomy/SigmoidColectomy/transverse colectomy)	Grade III
37	Colonic By-Pass (Multiple/Single)	Grade III

38	Colostomy With Closure	Grade III
39	Duodenotomy	Grade III
40	Gastric Wedge Resection	Grade III
41	Gastro-Jejunostomy Kon	Grade III
42	Hepatic Excision	Grade III
43	Hepatic Port Placement/Port Removal	Grade III
44	Laparoscopy Therapeutic/ Exploratory	Grade III
45	Laparotomy For Staging	Grade III
46	Pancreas Triple Bypass oil	Grade III
47	Rectum Local Excision	Grade III
48	Small Bowel By-Pass (Multiple)/(Single)	Grade III
49	Small Bowel Resection Anastomosis	Grade III
50	Splenectomy	Grade III
	Bone & Soft Tissue.	
51	Amputation Above Elbow/Below Elbow	Grade III
52	Amputation Above Knee/Below knee	Grade III
53	Clavicle Excision	Grade III
54	Extracorporeal Irradiation	Grade III
55	Fibula Lower End Reconstruction	Grade III
56	Fibulectomy	Grade III
57	Groin + Iliac Node Dissection	Grade III
58	Groin Node Dissection	Grade III
59	Knee Arthrodesis	Grade III
60	Muscle Group Excision	Grade III
61	Open Biopsy Of Vertebra	Grade III
62	Radius Lower End Excision	Grade III
63	Ray Amputation	Grade III
64	Scapulectomy Partial/Total	Grade III
65	Shoulder Disarticulation	Grade III
66	Soft Tissuc Wide Excision	Grade III
67	Soft Tissue Wide Excision + Implant	Grade III
68	Soft Tissue Wide Excision + SSG	Grade III
69	Ulna Lower End Excision	Grade III
70	External Fixation	Grade III
71	Talar/Calcaneal Resection	Grade III
72	Percutaneous Vertebral Biopsy	Grade III
73	Bone Grafting	Grade III
74	Popliteal Clearance of Nodes	Grade III
	Thoracic& Paediatric	
75	Amputation (Paediatric)	Grade III
76	Ant. Mediastinotomy	Grade III
77	Bronchial Stent Placement	Grade III
78	Bulla Stapling	Grade III
79	Cervical Esophagostomy	Grade III
80	Chest Wall Excision Without Reconstruct.	Grade III

81	Esophagoscopic Stent	Grade III
82	Excision/Pericardiac Window Open	Grade III
83	Gastric By-Pass	Grade III
84	Lung Wedge Resection	Grade III
85	Mediastinal Lymph Node Dissection	Grade III
86	Mediastinoscopy	Grade III
87	Metastatectomy (Single Lung)	Grade III
88	Palliative Bowel Bypass	Grade III
89	Pericardiectomy	Grade III
90	Retinoblastoma Excision (Paediatric)	Grade III
91	Retroperitoneal Lymph Node Biopsy (Exploration)	Grade III
92	STS Excision (Paediatric)	Grade III
93	Thoracoscopy-Therapeutic	Grade III
94	Thorax Re-Exploration	Grade III
95	Jejunostomy / Gastrostomy	Grade III
96	Rib Excision Only	Grade III
97	Burst Abdomen Suturing	Grade III
	Genitourinary/ Gynaecology	
98	Exploration Emergency	Grade III
99	Groin Node Dissection (Uni)	Grade III
100	Ovarian Mass/Cyst Excision of	Grade III
101	Second Look Laparoscopy	Grade III
102	Second Look Laparotomy	Grade III
103	TAH (Total Abdominal Hysterectomy	Grade III
104	TAH + Bil. Salpingo-Oopherectomy	Grade III
105	TAH + BSO + Node Sampling	Grade III
106	Vulva Hemivulvectomy	Grade III
107	Vulva Wide Excision	Grade III
108	Operative Hysteroscopy	Grade III
109	Lymphocoele Drainage	Grade III
110	Colostomy/Ileostomy Closure	Grade III
111	Cystoscopy + DJ Stenting	Grade III
112	Cystostomy Suprapubic	Grade III
113	High Orchiectomy	Grade III
114	Scrotectomy	Grade III
	Plastic & Reconstructive	
115	Autograft Flap Reconstruction (Breast)	Grade III
116	Implant Reconstruction (Breast)	Grade III
117	Interpolated Flap Reconstruction-Extremity.	Grade III
118	Local Flap Reconstruction (Extremity)	Grade III
119	Reconstruction With Anatomical Closure	Grade III
120	Reconstruct. With Local Skin/Mucosal Flap	Grade III

121	Reconstruct. With Single Flap (H & N)	Grade III
	Breast	
122	More than 2 Intermediate Procedures	Grade III
	Surgery Grade IV	
	Procedure/ description of Surgery	
	Head & Neck	
1	Alveolus Composite resection Commando	Grade IV
2	Bite Excision /Composite	Grade IV
3	Buccal/MucosaComposite resection/Commando.	Grade IV
4	Composite resection Tonsil ?	Grade IV
5	Floor of the Mouth -Composition resection.	Grade IV
6	Hemiglossectomy peroral + neck dissection.	Grade IV
7	Neck Dissection-Bilateral.	Grade IV
8	Parotidectomy with neck dissection.	Grade IV
9	Thyroidectomy (-Hemi /subtotal/ Total) with neck dissection.	Grade IV
10	Tongue/Floorof the Mouth-Pull through necck.	Grade IV
11	Tongue composite resection/Commando	Grade IV
12	Tracheal.resection with anastomosis.	Grade IV
13	Glosectomy-Anterior 2/3rd	Grade IV
14	Endoscopic Laser excision for Hypopharynx	Grade IV
15	Laryngectomy Near total	Grade IV
16	Laryngeotomy-Partial	Grade IV
17	Laryngeotomy-Total.	Grade IV
18	Laser fulguration /Excision Trachea.	Grade IV
19	Mandibulectomy- Hemi.,/ Marginal/Segmentalincluding middle 1/3rd	Grade IV
20	Maxillectomy-Median/Partial/Total/Total with exenteration.	Grade IV
21	Glossectomy Total.	Grade IV
22	Parotidectomy-Radical/Superficial/ Total.	Grade IV
	G.I.	
23	Abdominoperineal Resection	Grade IV
24	Cholecystectomy Radical	Grade IV
25	Colectomy Total	Grade IV
26	Gastrectomy (Bilroth-1)/(Bilroth-2) Distal Radical	Grade IV
27	Gastrectomy Proximal Radical	Grade IV
28	Hepatico-Jejunostomy	Grade IV
29	Rectum Anterior Resection	Grade IV
30	Colostomy	Grade IV
31	Colectomy Subtotal	Grade IV
32	Colo-Rectal Anastomosis	Grade IV
33	Cysto-Gastrostomy	Grade IV
34	Duodenum Partial Excision	Grade IV

35	Gastrectomy Partial	Grade IV
36	Hepatectomy Left Lateral	Grade IV
37	Hepatic Metastatectomy	Grade IV
38	Hepatic Wedge Excision	Grade IV
39	Pancreas Tumor Enucleation	Grade IV
40	Pancreatectomy Distal	Grade IV
41	Pancreatic Fistula Closure	Grade IV
42	Peustow's Procedure	Grade IV
43	Re-Exploration	Grade IV
44	Segmental Hepatecomy	
	Bone & Soft Tissue	Grade IV
45	Amputation Forequarter	Grade IV
46	Centralization Of Ulna With Arthrodesis	Grade IV
47	Elbow Rplacement	Grade IV
48	En Bloc Upper Humerus Excision	Grade IV
49	Hip Replacement	Grade IV
50	Knee Total Replacement	Grade IV
51	Paraspinal Tumor Excision	Grade IV
52 .	Sacral Chordomas	Grade IV
53	Segmental Resection Lower Limb + Replacemen	Grade IV
54	Silastic Replacement	Grade IV
55	Silastic Replacement of Hand	Grade IV
56	Soft Tissue Wide Excision + Reconstruction	Grade IV
57	Tikhoff Lindberg	Grade IV
58	Internal Fixation of Fractures,	Grade IV
59	Radius Lower End Excision + Wrist Fusion	Grade IV
60	Shoulder/Elbow Arthrodesis	Grade IV
61	Hip Arthrodesis	Grade IV
62	Ilizaroy Procedure	Grade IV
63	Ankic Arthrodesis	Grade IV
64	Curettage + Cement / Bone Graft	Grade IV
65	Hip Disarticulation	Grade IV
66	Spinal Decompression	Grade IV
	Thoracic& Paediatric	
67	B.P. Fistula Repair	Grade IV
68	Bronchial Sleeve Resection	Grade IV
69	Chest Wall Excision With Any Lung Oper.	Grade IV
70	Chest Wall Excision With Reconstruction	Grade IV
71	Coloplasty	Grade IV
72	Esophagus R.A.	Grade IV
73	Hemipelvectomy (Paediatric)	Grade IV
74	Lobectomy/Bi-lobectomy (Pulmonary)	Grade IV
75	Metastatectomy (Both Lungs)	Grade IV
76	Thoracoscopic Pleurectomy	Grade IV

77	Orbital Exenteration (Paediatric)	Grade IV
78	Radical Nephrectomy (Paediatric)	Grade IV
79	Thoracoscopic Excision	Grade IV
80	Tracheal Stent	Grade IV
	Genitourinary/ Gynaecology	
81	High Orchiectomy + Serotectomy	Grade IV
82	Urethrotomy Visual Internal	Grade IV
83	Bladder Tumor Trans Urethral Resection	Grade IV
84	Colostomy + Urinary Diversion	Grade IV
85	TAH + BSO + Omentcctomy	Grade IV
86	Excision of Undescended Testis Tumor	Grade IV
87	Vulvectomy Radical	Grade IV
88	Vulvectomy Total	Grade IV
	Plastic & Reconstructive	
89	Microvascular Reconstruction (Extremity)	Grade IV
90	Penile Reconstruction	Grade IV
91	Reconstruction With Double Flaps Head and Neck)	Grade IV
92	Reconstruct. With Interpolation. Composite Flap	Grade IV
93	Skeletal Reconstruction (Extremity)	Grade IV
	Breast	
94	Bilateral Mastectomy	Grade IV
95	Axillary Dissection Alone	Grade IV
96	Breast Lumpectomy + Axilla Dissection	Grade IV
97	Simple /Radical/Modified radical Mastectomy	Grade IV
98	Radical/Simple Mastectomy	Grade IV
	Surgery Grade V	**Grade**
	Procedure/ description of Surgery	
	Head & Neck	
1	Anterior craniofacial excision	Grade V
2	Excision of Carotid Body tumour.	Grade V
3	Excision of transnasal angiofibroma	Grade V
4	Laryngopharyngectomy Total with Gast.pullup.	Grade V
5	Temporal bone resection.	Grade V
6	Excision of Clivus tumour (skull base + Reconstruction)	Grade V
7	Infratemporal fossa clearance.	Grade V
	G.I.	
8	Colon (Total Proctocolectorny)	Grade V
9	Common Bile Duet Excision	Grade V
10	Excision Cholangiocarcinoma	Grade V
11	Gastrectomy Total	Grade V
12	Hepatectomy Right	Grade V

13	Multi Organ Excision	Grade V
14	Pancreatectomy Subtotal	Grade V
15	Rectum Post Exenteration	Grade V
16	Retroperitoneal Sarcoma	Grade V
	Bone & Soft Tissue	
17	Knee Arthrodesis with Turnoplasty/Allograft	Grade V
18	Spinal Decompression + Reconstruction/ Instrumentation	Grade V
19	Revisionof Shoulder/Knee Replacement	Grade V
20	En Bloc Excision + Reconstruction	Grade V
21	Rotationplasty	Grade V
22	Sacral Tumors	Grade V
	Thoracic& Paediatric	
23	Bronchial + Vascular Sleeve	Grade V
24	Radical Nephrectomy (Paed.) + Bowel Excl.	Grade V
25	Retroperitoneal Tumor + Bowel Excision	Grade V
26	Ivor Lewis	Grade V
27	Mediastinal Tumor Excision	Grade V
28	Pneumonectomy	Grade V
29	Total Esophagectomy (Transhiatal)	Grade V
30	Thymectomy.	Grade V
	Genitourinary/ Gynaecology	
31	Nephrectomy Radical + IVC Thrombectomy	Grade V
32	Laparoscopy	Grade V
33	Ureteroscopy	Grade V
34	Cystectomy Partial	Grade V
35	Exploration + Ileo/Colostomy	Grade V
36	Ileal Conduit (Bladder)	Grade V
37	Prostate Transurethral Resection of	Grade V
38	Ureter Resection Anastomosis	Grade V
39	Ureter(s) Reimplantation of	Grade V
40	Ureterectomy + Bladder Cuff	Grade V
41	Urethrectomy	Grade V
42	Ureteroscopic Resection	Grade V
43	Continent Urinary Diversion	Grade V
44	Neobladder	Grade V
45	Nephrectomy Radical	Grade V
46	Nephroureterectomy	Grade V
47	Prostatectomy Radical	Grade V
48	Radical Hysterectomy + Pelvic Lymphadecectomy (Wertheims)	Grade V

49	Laparoscopic Hysterectomy	Grade V
	Plastic & Reconstructive	
50	Reconstruction With Flap (Chest & Abdominal)	Grade V
	Surgery Grade VI	**Grade**
	Procedure] description of Surgery	
	Head & Neck	
1	Cervical Neuroblastoma Excision	Grade VI
2	Combine Craniofacial Resection	Grade VI
3	Craniotomy for posterior fossa tumors with navigation	Grade VI
4	Craniotomy for supratentorial tumors - without navigation	Grade VI
5	Retromastoid Craniotomy	Grade VI
6	Skeletal Reconstruction (Head & Neck)	Grade VI
7	Trans-sphenoidal surgery	Grade VI
8	Abdominal Neuroblastoma Excision	Grade VI
9	Abdominosacral Resection	Grade VI
10	Coto-Whippie	Grade VI
11	Gastrectomy (Radical) + Extended Lymphad	Grade VI
12	Hepatectomy Left Extended	Grade VI
13	Jejunal Transposition	Grade VI
14	Pancreatectomy Total	Grade VI
15	Pancreatectomy Whipple's Procedure	Grade VI
16	Pancreaticoduodenctomy	Grade VI
17	Total Esophagectomy (Trans Thoracic)	Grade VI
18	Tracheal Resection	Grade VI
19	Excision Cholangio + Liver Resection	Grade VI
	Bone & Soft Tissue	
20	Laminectomy for intramedullary tumors	Grade VI
21	Sacraltumors excision (combined approach)	Grade VI
	Thoracic & Paediatrics	
22	Thoracic Surgery (Comb. Of two or more)	Grade VI
23	ThoracoscopicLobectomy/ Pneumonectomy	Grade VI
24	Thymectomy with Vascular Surgery/ Lung	Grade VI
25	Thyroidectomy with Tracheal Resection	Grade VI
26	Mediatsinal Neuroblastoma Excision	Grade VI
	Genitourinary/ Gynaecology	
27	Adrenal Tumor Excision of + Nephrectomy	Grade VI
28	Cystectomy Radical	Grade VI
29	Exenteration Anterior /Posterior	Grade VI
30	Hemipelvectomy External	Grade VI
31	Hemipelvectomy Internal	Grade VI
32	Hepatectomy Right Extended	Grade VI

33	Laparoscopic Excenteration (Anterior)	Grade VI
34	Laparoscopic Excenteration (Posterior)	Grade VI
35	Laparoscopic Excenteration (Total)	Grade VI
36	Laparoscopic Nephrectomy	Grade VI
37	Laparoscopic Radical Hysterectomy	Grade VI
38	Laparoscopic Retroperitoneal Node Dissection	Grade VI
39	Nephrectomy Partial	Grade VI
40	Pelvic Exenteration Total	Grade VI
41	Pelvic Neuroblastoma Excision	Grade VI
42	Pelvic Posterior Exenteration	Grade VI
43	Radical Cystectomy	Grade VI
44	Retroperitoneal Lymph Node Diss. Nerve Sp	Grade VI
45	Retroperitoneal Lymphadenectomy	Grade VI
46	Retroperitoneal Sarcoma + Visceral Exc.	Grade VI
47	Retroperitoneal Tumor + Ureter Excision of	Grade VI
48	Retroperitoneal Tumor Excision	Grade VI
49	TAH + BSO + Omento + Node Dissection	Grade VI
50	TAH + BSO + Pelvic Lymphadenectomy + Para-aortic Lymphadenectomy	Grade VI
51	Cytoreductive Surgery	Grade VI
52	Groin Node Dissection (Bilateral)	Grade VI
53	Laparoscopic Pelvic Node Dissection	Grade VI
54	Exenteration Total	Grade VI
	Plastic & Reconstructive	
55	Urethroplasty	Grade VI
56	Vaginal Reconstruction	Grade VI
	Breast	
57	Micro vascular Breast Reconstruction	Grade VI

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

05 Apr 2017

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REVISION OF ECHS RATES FOREMPANELLED HOSPITALS, DIAGNOSTIC LABORATORIES AND IMAGING CENTRES, MUMBAI

1. Refer GOI MoD ID No 22A (48)/2007/US/WE/D (Res) dt 19 Aug 2010.

2. CGHS rates were revised for all cities except Mumbai in 2014.

3. CGHS has vide its OM S-11011/22/2017/CGHS-HEC dt 03 Apr 2017 revised the rate of Mumbai from 2010 to Delhi 2014 rates as an interim measure.

4. Regional Centre ECHS Mumbai would disseminate the new rates to empanelled hospitals, diagnostic laboratories and imaging centres, SEMO's, Stn HQr's & ECHS Polyclinics.

5. The procedures and CGHS package rates of Delhi shall hereafter be treated as ECHS package rates for hospitals, diagnostic laboratories & imaging centres under Regional Centre ECHS Mumbai and the rates would be applicable from the date of issue of this letter.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Copy to:

MoD (DoESW) - for info please.

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B) - forinfo please.
DGMS (Navy)/Dir ECHS (Navy)
DGMS (Air Force) (Med-7)

Office of the CGDA - forinfo please.
Ulan Batar Road
Palam, Delhi Cantt-10

UTHTSL - forinfo.
1533/1, Above Farico Show Room
1st Floor, Old Madras Road
Halasuru, Bangalore, Karnataka-
560008

- for info.
All Regional Centres

Internal

Ops & Coord, P& FC, Claim Sec - for info.
Stats & Automation Sec - for uploading on ECHS website.

Government of India Ministry of
Health and Family Welfare
Department of Health & FamilyWelfare
Directorate General of CGHS

No S-11011/22/2017/CGHS-HEC

Nirman Bhawan, New Delhi 110 011 Dated the 3r0

April, 2017

OFFICE MEMORANDUM

Subject:- Revision of CGHS package rates for empanelled hospitals, diagnostic laboratories and imaging centres under CGHS, Mumbai

With reference to the above mentioned subject attention is drawn to the Office Memoranda Nos. S 11011/23/2009-CGHS D-II /Hospital Cell dt. 15.11.2010 and S 11011/23/2009-CGHS D-11 /Hospital Cell (Part -1) dt. 11.04.2011 vide which CGHS package rates have been prescribed for empanelled hospitals, diagnostic laboratories and imaging centres under CGHS, Mumbai and to state that it has now been decided by competent authority to revise the CGHS package for empanelled HCOs under CGHS, Mumbai as per 2014 CGHS rates of Delhi as an interim measure, till further orders.

A list of the procedures and package rates of CGHS Delhi, which shall hereafter be treated as CGHS package rates for hospitals, diagnostic laboratories and imaging centres empanelled under CGHS, Mumbai is enclosed.

Encl. as above.

(Dr.D.C.Joshi)
Director, CGHS

To

1. Additional Director, CGHS Mumbai
2. The Medical Superintendents of all CGHS Empanelled Health Care Organizations in Mumbai through the Additional Director, CGHS Mumbai.
3. Addl. DDG (HQ, CGHS, Nirman Bhawan, New Delhi.
4. UTI Infrastructure Technology And Services Limited, Plot No.3, Sector 11, CBD Belapur Navi Mumbai, PIN - 400614

Tele: 25683479
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters Ministry of
Defence (Army) Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

10 Oct 2017

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centres

REVISION OF CEILING RATES : KNEE & HIP IMPLANTS

1. Govt of India, Ministry of Health & Family Welfare vide their OM No Z. 15025/74/2017/DIR/CGHS/EHS dated 26 Sep 2017 have revised the ceiling rates of knee and hip implants (copy of OM attached).

2. The revised rates as mentioned in the OM be disseminated to the ECHS Polyclinics, Empanelled Hospitals and to the SEMO's.

3. Sr Adv Orthopaedics and Joint Replacement of Army Hosp (R & R) has recommended that the only US FDA certified implants be used by the hospitals and not locally manufactured & uncertified ones since it is supposed to replace a body part and should survive a reasonable time.

4. The revised ceiling rates would be applicable from the date of issue of the letter.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Copy to:

DOESW - for info alongwith a copy of the OM.

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy). - forinfo please.
DGMS (Air Force) (Med-7)

UTHTSL
1533/1, Above Farico Show Room - forinfo.
1st Floor, Old Madras Road
Halasuru, Bangalore
Karnataka-560008

Office of the CGDA - for info please
Ulan Batar Road
Palam, Delhi Cantt-10

Internal

Ops & Coord P&FC,
Claim Sec
Stats & Automation Sec - for uploading on ECHS website.

No: Z.15025/74/2017/DIR/CGHS/EHS
Government of India Ministry of Health and Family Welfare
Department of Health & FamilyWelfare ECHS Section
****

Nirman Bhawan, New Delhi 110 011
Dated the 26th September, 2017

OFFICE MEMORANDUM

Subject:-Revision of Ceiling Rates for Knee and Hip Implants under CGHS and CS(MA) Rules
****

With reference to the above mentioned subject the undersigned is directed to draw attention to this Ministry's OM No. S.11018/ 1/ 95- CGHS (P), dated the 7th March, 1995 vide which ceiling rates for Knee and Hip implants under CGHS and CS(MA) Rules have been prescribed and to state that it has now been decided by competent authority to revise the ceiling rates and guidelines for Knee and Hip Implants under CGHS and CS(MA) rules as per the details given under the succeeding paragraphs.

2. **(A) PRIMARY KNEE REPLACEMENT SYSTEM**

(*Ceiling price in Rs.)

Applicabletoall variants	FEMORAL COMPONENT BY WHATSOVER NAME/ SPECIFICATIO COMPONENT BY WHATSOVER NAME/SPECIFICATI ONS	TIBIALCOMPONENT WHATSOVERBY NAME/ SPECIFICATIO NS	ARTICULAR SURFACE/INSERT BY WHATSOVER NAME/SPECIFI CATIONS NS (Any Material)	PATELLA COMPONENT WHATSOVERBY NAME/ SPECIFICATION
1. Titanium alloy coated	38,740	24,280	9,550	4,090
2. Oxidizedzirconium (OxZr) alloy	38,740	24,280		
3. Hi-flex	25,860			
4Cobalt Chromium (CoCr)	24,090	16,960		
alloy and otherthan at 1,2 and 3 above				

		COMPONENT HAVING TIBIAL TRAY AND INSERT COMBINED AS SINGLE UNIT BY WHATOSOVER NAME SPECIFICATION		
		Polyethylene or cross linked polyethylene or highly crosslinked polyethylene or any other material	12,960	
		Tibial: Metallic Insert: Polyethylene or cross linked polyethylene or highly crosslinked polyethylene or any other material	26,546	

*plus GST wherever paid or payable

(B) REVISIONKNEE IMPLANT SYSTEM

(*Ceiling price in Rs.)

FEMORAL COMPONENTBY WHATSOVERNAME/ SPECIFICATIONS	TIBIALCOMPONENTBY WHATSOVER NAME/ SPECIFICATIONS	ARTICULAR SURFACE/INSERTBY WHATSOVERNAME/ SPECIFICATIONS (Any Material)	PATELLA COMPONENT BY WHATSOVER NAME/SPECIFICATIO NS
62,770	31,220	15,870	4,090

*plus GST wherever paid or payable

(C) HIP IMPLANT- Rs.40,000/- + GST, wherever paid or payable

3. The rates prescribed shall be valid till further orders and are applicable to Implants of any name / category/ cemented / non-cemented.

4. The ceiling rates are applicable for treatment taken in government hospitals / private empanelled hospitals / other private hospitals.

5. Institutions such as hospitals utilizing knee implants shall specifically and separately mention the cost of the knee implant component-wise along with its brand name, name of manufacturer / importer/ batch no./ specifications and other details, if any in their estimate/proforma invoice/ final billing , etc., to the patients or their representatives.

6. Prior permission of Competent Authority may be obtained before undergoing Knee /hip Implant surgery.

7. This issues with the approval of competent authority and concurrence of Integrated Finance Division vide Dy. No. C.No. 3119442, dated 30.08.2017.

(SunilKumar Gupta)
Under Secretary to the Government of India

To

1. All Ministries/Departments, Government of India
2. Addl. DDG(HQ), CGHS, MOHFW, Nirman Bhawan, New Delhi
3. AD(HQ), CGHS, R.K.Puram, Sector-12, New Delhi
4. All Addl. Directors/Joint Directors of CGHS
5. DDG(M)/CMO(SRA), Dte.GHS, MOHFW, Nirman Bhawan, New Delhi
6. Rajya Sabha/Lok Sabha Secretariat, New Delhi
7. Registrar, Supreme Court of India, New Delhi
8. U.P.S.C. Dholpur House, New Delhi
9. Office of the Comptroller & Auditor General of India, Bahadur Shah Zafar Marg, New Delhi
10. Director, Department of Pension & Pensioners Welfare, Lok Nayak Bhawan, Khan Market, New Delhi
11. PPS to Secretary (H&FW)/Secretary (AYUSH)/Secretary (HR)/Secretary (AIDS Control), Ministry of Health & Family Welfare
12. PPS to DGHS/ SS&FA/AS&DG (CGHS)/ AS&MD, NRHM/AS(H), MOHFW, New Delhi
13. MS Section, MOHFW, Nirman Bhawan, New Delhi
14. MG-II Section, Dte.GHS, Nirman Bhawan, New Delhi
15. HospitalEmpanelment Cell, CGHS, MOHFW, Nirman Bhawan, New Delhi
16. CGHS-I/II/III/IV, Dte. Gen of CGHS, MOHFW, Nirman Bhawan, New Delhi
17. Estt.I/Estt. II/Estt.III/Estt.IV Section, MOHFW, Nirman Bhawan, New Delhi
18. Admn.I/Admn.II Section, Dte. GHS, MOHFW, Nirman Bhawan, New Delhi
19. IntegratedFinance Division, MOHFW, Nirman Bhawan, New Delhi
20. All Officers/Sections/Desks in the Ministry
21. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi

22. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
23. All Staff Side Members of National Council (JCM)
24. ED(H)/Planning, Railway Board, Ministry of Railways, Rail Bhawan, Rafi Marg, New Delhi - 110001
25. Central Organisation, ECHS, Department of Ex-Servicemen Welfare, Ministry of Defence, New Delhi
26. Chairman, Employees State Insurance Corporation, Ministry of Labour & Employment, 1. Panchdeep Bhawan, C.I.G. Marg, New Delhi-110002
27. UTI-ITSL, 153/1, First Floor, Old Madras Road, Ulsoor, Bengaluru-560008.
28. Swamy Publishers (P) Ltd., P.B. No.2468, R.K. Puram, Chennai-600028
29. Swamy Publishers (P) Ltd., 4855, 24, Ansari Road, Daryaganj, New Delhi
30. Sr. Technical Director, NIC, MOHFW, Nirman Bhawan, New Delhi with the request to upoad this OM on the Ministry's website under the link of CS (MA) Rules – OMs and Circulars
31. Hindi Section, MoHFW, Nirman Bhawan, New Delhi for providing Hindi version of this OM.
32. Guard file

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

26 Oct 2017

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centres

FINANCIAL GUIDELINES FOR EXTENSION OF ECHS FACILITIES TO NEPAL DOMICILED GORKHA (NDG) ESM PENSIONERS IN NEPAL

1. Please refer to GoI, MoD letter No 22D(14)/2016/WE/D(Res) dt 26 Oct 2017 (copy att) which have given the sanction for reimbursement of bills of Empanelled Hospitals and individual bills of ECHS beneficiaries at Nepal at CGHS package rates applicable in Delhi.

2. The Delhi rates will be applicable for treatment started on or after the date of issue of the GoI letter. The Lucknow rates applicable hithertofore will continue for all treatment taken prior to issue of the GoI letter.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Encl : As above.

Copy to:

MoD (DoESW) - for info wrt your letter under ref.

Office of the CGDA - forinfo please.
Ulan Batar Road
Palam, Delhi Cantt-
10 UTI-ITSL
No1/1, Above Canara Bank
KSFC Bhavan, Thimmaiah
Road Vasanth Nagar
Bengaluru,
Karnataka PIN-
560052 - for info.

No. 22D(14)/2016/WE/D(Res)
Government of India
Ministry of Defence

New Delhi the 26 October 2017

To,

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: Financial Guidelines for extension of ECHS facilities to Nepal Domiciled Gorkha (NDG) ESM pensioners in Nepal. Sir,

With reference to Govt of India, Ministry of Defence letter No. 25(02)/2012/WE/D(Res) dated 10th September 2013, I am directed to convey the sanction of the Competent Authority for reimbursement of bills of Empanelled Hospitals and individual bills of ECHS beneficiaries at Nepal at CGHS package rates applicable in Delhi.

2. The Delhi rates will be applicable for treatment started on or after the date of issue of this letter. The Lucknow rates applicable hitherto fore will continue for all treatment taken prior to issue of this letter.

3. This issues with theconcurrence of Ministry of Defence (Finance) vide their U.O. No. 33(18)/2016/Fin/Pen dated 25.10.2017.

Yours faithfully

(A.K.Karn)
Under Secretary to the Govt. of India

Copy to:

1. PS to RM
2. PS to RRM
3. SO to Defence Secretary
4. PPS to Secy ESW
5. PPS to Secretary (Defence/Finance)
6. JS(ESW)
7. JS(North), MEA
8. PS to Addl FA (RK)& JS
9. CGDA, New Delhi
10. MD, ECHS
11. DGAFMS
12. Defence Attache, Embassy of India, Kathmandu (Nepal)
13. PCDA (CC), Lucknow

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/18

14 Aug 2018

IHQ of MoD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

REVISION OF CEILING RATES FOR REIMBURSEMENT OFTHE COST OF CARDIAC PACEMAKER, AICD, COMBO-DEVICE, ROTABLATOR AND AORTIC STENT GRAFT FORENEFICIARIES OF CGHS/CS (MA)

1. Copy of GOI, DOHFW letter No 11011/29/2018-CGHS (HEC)DIR/CGHS dated 06 Aug 18 is fwd herewith.

2. Kindly instruct to all in your jurisdiction to follow the orders with immediate effect.

(Ravi Pal Kapoor)
Lt Col
Jt Dir (Med)
for MD ECHS

Encls: As above.

Copy to:

DGAFMS-DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS
(Navy) DGMS (Air Force)
(Med-7) - forinfo and necessary action.

All Regional Centres

UTHTSL
Surabhi Arcade, 1st floor
5-1-664, Bank street,
Hyderabad-500001 - forinfo.

Internal

(Ops & Coord) Sec, Claim Sec
Stats & Automation Sec - for uploading the letter on ECHS website.

Government of India
Ministry of Health and Family
Welfare : Department of Health &
Family Welfare Directorate General
of CGHS
Officeofthe Director, CGHS

No:S-11011/29/2018-CGHS(HEC/ DIR/CGHS

Nirman Bhawan,

NewDelhi

Dated the 6th August, 2018

OFFICE MEMORANDUM

Subject:- Revision of ceiling rates for reimbursement of the cost of Cardiac pacemaker , AICD, Combo-device, Rotablator and Aortic Stent Graft for beneficiaries of CGHSICS(MA) Rules

With reference to the above subject attention is drawn to the OM No 12034/02/2014/ Misc.I CGHS D.III dated 22nd July 2014 vide which ceiling rates for reimbursement of the cost of Cardiac pacemaker, AICD, Combo-device, Rotablator and Aortic Stent Graft for beneficiaries of CGHSICS (MA) Rules were prescribed and to state that the matter has been reviewed by the Ministry and it is decided to revise the ceiling rates as per the details given under:

Sr. No.	Cardiac Device	Celling Rate
1	Single Chamber Cardiac Pacemaker without Rate Response	Rs. 34,840/- + GST
2	Single Chamber Cardiac Pacemaker with Rate Response	Rs. 44,928/-+ GST
3	Dual Chamber Cardiac Pacemaker	Rs.83,2001-+ GST
4	Bi-Ventricular Cardiac Pacemaker	Rs.1,95,000/-+ GST
5	Implantable Cardioverter Defibrillator (Single Chamber) (ICD/AICD-Single Chamber)	Rs.1,75,7861-+ GST
6	Implantable Cardioverter Defibrillator (Dual Chamber) (ICD/AICD-Single Chamber)	Rs. 3,75,000/-+ GST
7	Combo Device (CRT-D)	Rs. 4,90,000/-+ GST
8	Aortic Stent Graft (expandable, bifurcated and including delivery system)	Rs. 4,40,960/- + GST
9	Rotablator with Advancer	Rs.49,9201-+ GST
10	Rotablator Burr	Rs.23,920/-+ GST

2. Other terms and conditions prescribed under OM No 12034/02/2014/Misc.-CGHS D.NL dated 22nd July 2014 shall remain unchanged.

3. These rates shall remain valid till the rates for the above devices are notified by National Pharmaceutical Pricing Authority (NPPA).

4. Issued with the concurrence of SS&FA, Ministry of Health & Family Welfare vide CD - No.1295 dated 25.07.2018.

(Dr.Atul Prakash)
Director, CGHS

To:

1. All Ministries / Departments, Government of India.
2. Director, CGHS, Nirman Bhawan, New Delhl
3. Addl. DDG (HQY/All Additional Directors /Joint Directors of CGHS cities outside Delhi
4. All Pay & Accounts Officers under CGHS
5. Additional Director (Hars) / Additional Director (SZ) (CZ)/(EZ)/(NZ), CGHS, New Delhi
6. JD(Gr.)/JD(R&H). CGHS Delhi
7. CGHS Desk-I/Desk-II/CGHS-I/CGHS-II, Dte.GHS, Nirman Bhawan. New Delhi
8. Estt.// Estt.11 Estt.JIV/ Estt. JV Sections, Ministry of Health & Family Welfare
9. Admn.|/ Admn.II Sections of Dte.GHS
10. Rajya Sabha / Lok Sabha Secretariat
11. Registrar, Supreme Court of India /Punjab & Haryana High Court, Chandigarh
12. U.P.S.C.
13. Finance Division
14. Deputy Secretary (Civil Service News). Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi.
15. PPS to Secretary (H&FW)/ Secretary (AYUSH) Secretary (HR)/ Secretary(AIDS Control), Ministry of Health & Family Welfare
16. PPS to DGHS ISS&MD, NRHM/AS (H)/AS & DG (CGHS)
17. Shri Umraomal Purohit, Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
18. All Staff Side Members of National Council (JCM) (as per list attached)
19. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg. New Delhi
20. All Offices / Sections / Desks in the Ministry
21. UTI-ITSC, 153/1, First floor, Old Madras Road, Ulsoor, Bengaluru-560008.
22. Nodal Officer, MCTC, CGHS with a request to upload a copy of OM on CGHS Web-site
23. Office Order folder

Tele: 25683476
ASCON: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
ThimayyaMarg, Near Gopinath
Circle, Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

24 Jan 2020

IHQ of MoD (Navy)/Dir ECHS (N)
DAV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
All Regional Centre ECHS

NOTIFICATION OF CGHS RATES FOR 15 INVESTIGATIONS UNDER CGHS

1. Govt of India, Min of Health & Family Welfare vide their OM No S-11011/09/2019/ Addg.HQ/CGHS dated 14 Jan 2020 has notified CGHS package rates for the following investigations and their inclusion in CGHS rates list (copy of OM attached) :

S No	Name of Unlisted Investigations/ Unlisted implant	Recommended Rates (in Rupees)
(a)	Kappa Lambda Light Chains, Free, Serum	3500/
(b)	Serum IGE level	300/
(c)	NT-Pro BNP	1800/
(d)	CECT Chest	2500/- including CD
(e)	MRI-Prostate (Multi-parametric)	6000/- including CD
(f)	HCV RNA Quantitative	1500/
(g)	Tarcolimus	2300/
(h)	Protein Creatinine Ratio, Urine	120/-
(j)	Fibroscan Liver	1000/
(k)	HLA B27 (PCR)	500/
(l)	Montoux Test	175/-
(m)	Procalcitonin	1800/-
(n)	TORCH Test	1120/-
(o)	Intracoronary OCT(AIIMS Rates)	65000/- + GST
(p)	FFR Wire cost (AIIMS Rates)	Wire as per AIIMS rates of 23500/ + GST and procedure charges as per existing CGHS rates of Rs 15000/ for NABH and Rs 12750/- for Non NABH hospitals

2. The rates for investigation from Ser No (a) to Ser No (n) are for non NABL/ Non NABH accredited hospitals. The rates for NABL/ NABH accredited hospitals shall be 15% more. The rates from S No (o) & (p) shall be common for both NABH accredited/ Non NABH accredited hospitals.

3. The revised rates as mentioned in the OM be disseminated to the ECHS Polyclinics/ Empanelled Hospitals and to the SEMOS.

3. The rates would be applicable from the date of issue of this letter.

(Anupam NAdhaulia)
Col
Dir (Med)
for MD ECHS

Encl : As above.

Copy to:

MoD(D/o ESW) - for info alongwith a copy of the OM.

DGAFMS/DG-3A
DGMS (Army)/DGMS-5(B)
DGMS (Navy)/Dir ECHS (Navy)- for info please.
DGMS (Air Force) (Med-7)

Office of the CGDA for infoplease.
Ulan Batar Road,
Palam, Delhi Cantt-10

UTI-ITSL - for info please.
Surabhi Arcade 1st Floor, 5-1-664 665 and
669Bank
Street
Hyderabad-500001

Internal

Ops & Coord, P & FC, Claim Sec
Stats & Automation Sec for info.

S-11011/09/2019/Addg.HQ/CGHS

Government of India Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS

Nirman Bhawan, New Delhi
Dated the 14th January, 2020

OFFICE MEMORANDUM

Subject:-Notification of CGHS Rates for 15 Investigations under CGHS
****

With reference to the above mentioned subject the undersigned is directed to draw attention to the Office memorandum No S. 11045/36/2012- CGHS(HEC) dated 01.10.2014 vide which CGHS package rates for various treatment procedures and investigations were notified by the Government for Health Care Organizations (HCOs) empanelled under CGHS and to state that representations from various stake holders regarding non-availability of CGHS rates for some of the investigations have been received in this Ministry. The matter was reviewed and it is now decided to notify CGHS package rates for the following investigations and their inclusion in CGHS rate list as under:

S. No.	Name of Unlisted Investigations/ Unlisted Implant	Recommended Rates (in Rupees)
	Kappa Lambda Light Chains, Free,	3500/
	Serum Serum IGE level	300/
	NT-Pro BNP	1800/
	CECT Chest	2500/- including CD
	MRI-Prostate (Multi-parametric)	6000/-including CD
	HCV RNA Quantitative	1500/
	Tarcolimus	2300/
	Protein Creatinine Ratio, Urine	120/
	Fibroscan Liver	1000/
	HLA B27 (PCR)	500/
	Montoux Test	175/
	Procalcitonin	1800/
	TORCH Test	1120/
	Intracoronary OCT (AIIMS Rates)	65000/- + GST
	FERWire cost (AIIMS Rates)	Wire as per AIIMS rates of 23500/- +GST and procedure charges as per existing CGHS rates of Rs 15000/- for NABH and Rs. 12750/-for Non NABH hospitals

2. The rates for investigations from S. No. 1 to S. No, 13 are for Non-NABL/Non-NABH accredited HCOs. The rates for NABL/ NABH accredited HCOs shall be 15% more. The rates from S. No. 14 & 15 shall be common for both NABH-accredited/Non-NABH accredited HCOS.

3. These rates shall come into force from the date of issue of the letter

4. This issues with concurrence of Integrated Finance Division of Ministry of Health & Family Welfare vide CD No 3495 dated: 13.01.2020

(Dr. Mamb Jans)
Addl. DDG (HQ). CGHS

TO

1. All Ministries / Departments of Government of India
2. All Health Care Organizations empanelled under CGHS to note.
3. Director, CGHS/Addl. DDG(HQ)/All Additional Directors of CGHS cities outside Delhi
4. All Pay & Accounts Officers under CGHS
5. Additional Director (Hqrs) / Additional Director (SZW (CZY(EZ)/(NZ)/R&H, CGHS New Delhi
6. CGHS Desk-1/Desk-II/CGHS-I/CGHS-II, Dte GHS, Nirman Bhawan New Delhi
7. Estt./Estt11/ Estt. III/ Estt. IV Sections, Ministry of Health & Family Welfare
8. Admn.I / Admn.II Sections of Dte GHS
9. Rajya Sabha / Lok Sabha Secretariat
10. Registrar, Supreme Court of India /Punjab & Haryana High Court, Chandigarh
11. UnderSecretary U.P S.C.
12. Finance Division
13. Deputy Secretary (Civil Service News), Department of Personnel & Training, 5th Floor, Sardar Patel Bhawan, New Delhi.
14. PPS to Secretary (H&FW)/Secretary (HR) SS&DG(CGHS), Ministry of Health & Family Welfare
15. PPS to DGHS IAS&MD, NRHM/AS (H)/AS & FA MOHFW
16. Secretary, Staff Side, 13-C, Ferozshah Road, New Delhi
17. All Staff Side Members of National Council (JCM) (as per list attached)
18. Office of the Comptroller & Auditor General of India, 10 Bahadur Shah Zafar Marg, New Delhi
19. All Offices / Sections / Desks in the Ministry
20. UTI Infrastructure Technology And Services Limited, UTI-ITSL Tower, Plot No3 Sector - 11. CBD Belapur, Navi Mumbal-400614
21. Nodal Officer, MCTC, CGHS with a request to upload a copy of OM on CGHS Web-site
22. Office Order folder

Tele: 25683476
Mil: 36833

Central Organisation, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt-110010

B/49773/AG/ECHS/Rates/Policy

29 Jul 2020

IHQ of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
All HQ Command (A/ECHS)
AMA ECHS,Embassy of India, Nepal
All Regional Centres

RATES FORTREATMENT AT PRIVATE HEALTH CARE ORGANIZATIONS (HCOs) EMPANELLED UNDER ECHS - IN VIEW OF THE COVID-19 PANDEMIC

1. Please ref GoI, Min of Defence letter No 22D(17)/2020/WE)/D(Res-1) dated 29 Jul 2020.

2. The guidelines and rates for treatment/ investigation at private HCOs empanelled under ECHS will be as given as under :

(a) Rates for treatment for COVID-19 in private empanelled hospitals in respect of ECHS beneficiaries in a City shall be as per the package rates prescribed by the concerned State Government. In case no such rates have been prescribed by the State Government in any ECHS City, the rates prescribed by Govt of NCT Delhi shall be applicable till rates are notified by the concerned state Government

(b) For non COVID related treatment in private hospitals empanelled under ECHS the Normal CGHS package rates shall be admissible. ECHS beneficiary shall undergo COVID-19 test as per the approved rate before elective treatment procedure

(c) For treatment under emergency - the patient shall be treated in isolation ward till the COVID-19 test results is not available and rates as per isolation ward rates for one day shall be applicable. If the beneficiary is COVID-19 negative, he/ she shall be shifted to normal wards and normal CGHS rates will be applicable and if COVID-19 positive, he/ she shall be under treatment in COVID ward and prescribed rates shall be applicable.

(d) COVID test shall be permitted as per ICMR guidelines, and rate shall be as per the rates fixed by concerned State Government or actual, whichever may be less. If State Government has not notified such rates in any ECHS City, the rates prescribed by ICMR are applicable till rates are notified by State Government.

3. It is once again reiterated that all ECHS empanelled hospitals, which are notified as COVID-19 hospitals by State Government shall provide treatment facilities to ECHS beneficiaries as per the ECHS norms and as per the rates prescribed above, for all COVID related treatments.

4. Similarly, it is again reiterated that all the ECHS empanelled hospitals, which are not notified as COVID-19 hospitals shall not deny treatment facilities/ admission to ECHS beneficiaries and shall charge as per CGHS norms, for all other treatments.

5. Suitable action shall be taken in case of violation of the guidelines.

6. ECHS empanelled healthcare organizations (HCOs) shall perform the treatment/ test on cashless basis in respect of ECHS beneficiaries and submit the bills to ECHS through UTI-ITSL. The reimbursement for the cost of expenditure on the test at approved rate shall be reimbursed.

7. These orders come into effect from the date of issue of this letter.

(AnupamNAdhaulia)
Col
Dir (Med)
for MD ECHS

Copy to :

MoD (DoESW) CGDAAGBranch(Coord)DG DC&W Sectt O/o DGAFMS DGMS (Army) DGMS (Navy) DGMS (Air) UTI-ITSL (BPA)	-	for info please for strict implementation please.
Internal Ops & Coord, Claim Sec C&LSec, P&FC	-	for info.
Stats & Automation Sec	-	for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL.

Tele 25683476
Mil 36833

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters MoD (Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-110010

11 Nov 2020

B/49770/AG/ECHS/Treatment

IHO of MoD (Navy)/Dir ECHS (N)
DAV Subroto Park
All HQ Command (Med)
All HQ Command (ECHS)
AMA ECHS Embassy of India, Nepal
All Regional Centres

RATES FORTREATMENT AT PRIVATE HEALTH CARE ORGANIZATIONS (HCOs) EMPANELLED UNDER ECHS - IN VIEW OF THE COVID-19 PANDEMIC

1 Refer to this HQ letter No B/49773/AG/ECHS/Rates/Policy dated 29 Jul 2020

2. It was promulgated vide above letter that rates for treatment for Covid-19 in private empanelled hospital in respect of ECHS beneficiaries in a city shall be as per the package rates prescribed by the concerned state government. In case no such rates have been prescribed by the state government in any ECHS city the rates prescribed by government of NCT Delhi shall be applicable till rates are notified by the concerned state government,

3. Therates for NCT Delhi have been promulgated vide Govt of NCT Delhi order No 52/DGHS/PH-IV/COVID-19/2020/prsecyhfw/14450-14649 dt 20 Jun 2020. The prescribed maximum per day package rates for covid related treatment in private hospitals in NCT of Delhi are as below –

	Hospital rates for per day of admission (in Rs)		
Category of hospitals	Moderate Sickness	Sever Sickness	Very Severe Sickness
	ISOLATIONS BEDS Includingsupportivecare and oxygen	ICUwithout need ventilator care	ICU with ventilator for care(invasive/ non invasive)
NABH accredited Hospitals (including entry level)	10,000/ (includingcost of PPE Rs 1200/)	15,000/ (including cost of PPE Rs 2000/)	18,000/ (includingcost of PPE Rs 2000)
Non-NABHaccredited Hospitals	8.000/ (includingcost of PPE Rs 1200/)	13,000/ (includingcost of PPE Rs 2000	15,000. (includingcost of PPE Rs 2000)
Covid-19 Testing	(State Rate or ICMR Rates)		

4. As laid down, the above rates are inclusive of PPE rates indicated. The rates of PPE will be applicable in all cities/ states where PPE cost are not specified by respective State Govts

5. ECHS empanelled Health Care Organizations (HCOs) shall perform the treatment/ test on cashless basis in respect of ECHS beneficiaries and submit the bills to ECHS through UTIITLS The reimbursement for the cost of expenditure on the test at approved rates shall be reimbursed.

6 These order comes into effect from 29 Jul 2020, the date of issue of this letter at para No 1 above

(Panchal Kalpesh Kumar S)
Lt Col
Jt Dir (Med)
For Dir (Med)

Copyto:

MoD (DoESW) CGDA AG Branch (Coord) DG DC&W Sectt O/o DGAFMS DGMS (Army) DGMS (Navy) DGMS (Air) UTI- ITSL (BPA)	-	for info please
	-	for strict implementation please

Internal

Ops & Coord, Claim Sec	-	for info
C&L Sec, P&FC Stats & Automation Sec	-	for uploading the letter on ECHS website and issue necessary dirn to UTI-ITSL

Section - III

S&A
SMART CARD
POLICY

Tele : 23792422
ASCON: 3927, 3928

Central Organisation ECHS
EX-Servicemen Contributory Health Scheme
(ECHS) Room No 278A, South Block
Adjutant General's Branch
Army Headquarters
New Delhi - 110011

B/49708 -R/AG/ECHS

16 Feb 2004

All Regional Centres ECHS

DOCUMENTS : ECHS MEMBERSHIP

1. A clarification has been sought by a Regional Centre regarding few offrs who retired prior to 1980 and are not holding valid retired officers identification card; however they 2.have following documents to establish their identity:

(a) PPO and certificate from bank officials

(b) Identity Card issued by Zila Sainik Board.

(c) Service Card.

(d) Medical Benefit Scheme Certificate.

2. ECHS, as all are aware requires fulfillment of two conditions, for which it is necessary for an applicant to provide:

(a) That he is an ex-serviceman.

(b) That he/she is drawing pension.

3. It has been amply clarified that following documents are mandatory for establishment the fact of an individual being an ex-serviceman & being a pensioner:

(a) For proof of being in receipt of pension. bank/ treasury/ PDPO officials.
PPO duly certified by

(b) For proof of being an entitled Ex-Serviceman. Retired Officers Identity Card (Offrs) or Discharge Book or Widow Identity Card.
AGI (Medical Benefit Scheme) or AFGIS(MIS) Issued Identity Card.

4. It is further reiterated that Zila Sainik Board Card is not acceptable for proof of identity as an ESM. The application will be rejected if the applicant cannot prove his identity or his/her receipt of pension. The applicant must therefore produce one of the following, i.e, Retired Officers Identity Card or the Medical Benefit Scheme Card or Discharge Book (OR) or widow Identity Card. to establish his/her bonafides.

This disposes off your letter No

5. Officers who do not have any of the above identification should be advised to approach their concerned Service HQs Personnel Branch, dealing with such cases, to provide a certificate.

In case of the Army. AG's Branch/MP5 deals with these cases.

Regional Centre ECHS, Chennai.
1140/1/14/ECHS dt 15 Jan 04.

(OS Yadav)
Col
Dir(Ops&Coord)
for MD

Copy to : -

AG's Branch MP-5 - for information please.

Tele : 23792422
ASCON: 3927, 3928

Central Organisation ECHS
EX-Servicemen Contributory Health Scheme (ECHS)
Adjutant General's Branch
Army Headquarters
Maude Line, Near Old Base Hosp
Delhi Cantt - 110010

B/49701-PR/AG/ECHS

13 Oct 2004

All Regional Centre ECHS

VERIFICATION OF DEPENDENT

1. There have been number of queries being sought regarding the mode to be adopted to verify the dependents of the prospective ECHS member

2. It is a indisputable fact that Part II order/personal occurrence is the sole means to authenticate all casualties viz, birth, marriages etc therefore this document should remain to verify the dependents. While proceeding on discharge all the relevant entries of the retiree are recorded on the discharge book with Part II order No. This gives the details of dependents of the pensioner, while he was in service.

3. However, if any personal occurrence is required to be published in case where there is a birth/marriage after the retirement of an individual, there exists a provision where in Part II Orders are published by Record Offices even for the retired personnel. This has been again confirmed by the Record Offices recently, on the contrary it has been observed that retired personnel do not keep their respective Record offices posted with any such personal occurrence.

4. Keeping the a/m in view, it is directed that Part II orders should be checked for any dependent and if details are not in discharge book then it must be authenticated by the concerned Record office. In case no such Part II orders has been published the ESM should be advised to get the part II order published through their Record office.

5. There should not be any deviation from this policy.

6. RC ECHS. Kochi and Patna only. This disposes off your letter No ECHS/Policy/01(C) dt 22 Sep 2004 and 1051/109/ECHS dt 21 Sep 2004.

(KBishnoi)
Lt Col
Jt Dir(Ops)
for MD

Tele : 25684846
ASCON: 6830

Central Organisation
Ex-Servicemen Contributory
Health Scheme (ECHS)
Adjutant General's Branch
Army Headquarters Maude Line
Delhi Cantt - 110010

B/49705-NCR/AG/ECHS

27 May 2005

HQ Western Command (A Branch)
Chandimandir

HQ Western Air Command Air
Headquarters
Vayu Bhavan
New Delhi - 110011

CHANGE OF POLYCLINIC DEPENDENCY IN NCR OF DELHI

1. There are six Polyclinics in the NCR of Delhi. Their close proximity has resulted in a floating Polyclinic dependency with its attendant problems.

2. Whenever an ECHS member actually shifts between Delhi, NOIDA, Greater NOIDA, Gurgaon Faridabad and Ghaziabad, the following procedure will be followed:

(a) The member to submit the following documents:

(i) Application on plain paper addressed to Regional Director ECHS, Delhi Cantt, explaining reasons for change of address.
(ii) Fill up a fresh application form with all details incl old Registration Number and photographs of self and dependents. In case change of any dependents is involved Affidavit, given in the application form will also be filled.
(iii) Affidavit on Non Judicial Stamp paper of Rs 10/- (Rupees ten only) for change of address is to be submitted. Format of affidavit is given at Appendix A attached.
(iv) Submit proof of residence ie Telephone/Electricity Bill Ration Card.
(v) Submit a certificate from Resident Welfare Association/Municipal Corporation/Committee that the ECHS member is actually residing at the new address.
(vi) Return all Cards.
(vii) Pay @ Rs 90/- per card for new cards.
(viii) Super-scribe application form with 'CHANGE OF ADDRESS APPLICATION'.
(ix) Obtain receipt from Regional Centre.

(b) The master smart card and all 'add on cards' will be submitted and addn changed on all. However, if a dependent is working/studying outside the NCR, that partici 'add on card' will not be changed.

(c) Regional Centre ECHS to forward the request to Central Organisation ECHS for scrutiny

(d) Central Organisation ECHS to ascertain authenticate of request through all available means.

(e) On concurrence of Central Organisation ECHS, Regional Centre to forward application for issue of fresh cards.

3. Old cards are to be destroyed and databank updated by the Vendor.

4. It is to be ensured that fresh cards are issued within 30 days. It is once again clarified that the above procedure is only applicable for NCR of Delhi.

(V K Dua)
LtGen(Retd)
MD ECHS

Copy to:

HQDelhiArea(ABranch)
Delhi Cantt - 10

StationHeadquarters
Delhi Cantt - 10

Station Commander No 56 Air
Stores Park Air Force Station
Faridabad – 121005

StationCommander Air Force Station
Hindan Ghaziabad - 201 004

ECHSPolyclinic
Base Hospital
Delhi Cantt - 110010

ECHS Polyclinic
DundaheraArmyCamp
C/o 253 Med
Regt c/o 56 APO

ECHS Polyclinic AFC,
Sector–37 NOIDA (UP)

ECHS Polyclinic
(Near Sai Baba Mandir) Bhishma
Pitahmag Marg New Delhi - 110003

ECHS Polyclinic
C/o 11 AF Hosp
(Offrs Ward Area)
Hindan Ghaziabad

ECHSPolyclinic Sector – 15
Faridabad (U.P)

Appendix

SAMPLE CERTIFICATE RESIDENT WELFARE ASSOCIATION CERTIFICATE

It is hereby certified that Sh/Smt _____hasbeen physically residing in Flat No. _____, Block No _____of _____(Society) at _____(Place) since _____.

Secretary / Vice President

Pace : RWA

Date :

SAMPLE OF AFFIDAVIT

AFFIDAVIT ON Rs 10/- NON JUDICIAL STAMP PAPER AND TO BE ATTESTED BY MAGISTRATE/NOTARY PUBLIC
DECLARATION

I. Service No_____ Rank _____ Name _____

of (Unit) _____ solemnly affirm and declare as follows:

1. That I am permanent resident of _____

2. That now I am residing at _____

from last _____ years Since _____.

Signature of Deponent

VERIFICATION

I, the deponent above named, do hereby solemnly declare and ve contents of the above affidavit are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed there from. Verified at (Place) _____ On this _____/ _____/ _____.

Signature of Deponent

ATTESTATION

Certified that the above statement is declared before me at (Place) _____
On this _____/ _____/ _____ by DEPONENT Service No _____ Rank _____
Name _____ who is identified by Name _____
S/O _____ and witnessed by Name _____
And Name _____ S/O _____

WITNESS

Signature of Identifier
Name in Block Capitals
(Full Postal Address)

Signature of Witness No 1
Name in Block Capitals
(Full Postal Address)

ATTESTED BY
MAGISTRATE

Signature of Witness No 2
Name in Block Capitals
(Full Postal Address)

NOTARY PUBLIC

Tele : 25684846
ASCON: 36830

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters, Maude Lines
Delhi Cantt – 10

B/49791/AG/ECHS

20 Jan 2006

IHQ MOD (N)/DGMS (N) For OICECHS

Air HQS (VBY/DPS

HQ ANC

HQs SC, EC, WC, CC, NC, ARTRAC, SWC HQs

WNC, ENC & SNC

HQS WAC, CAC, EAC, SAC, TC, SWAC & MC IAF

FORFIETUREOF FIXED MEDICAL ALLOWANCE (FMA)

1. The fixed medical allowance (FMA) entitled to ESM is to cease on taking ECHS membership. However, there have been instances where the 'DPDO's have not stopped the FMA and ECHS members continue to draw FMA The FMA thus overdrawn will be deducted as a lump sum causing financial difficulties to the ESM.

2. In order to obviate the above, it has been decided to amend the DPDO/Bankers certificate, to include cessation of FMA by DPDO. Amended copy of the certificate is enclosed.

3. All authorities issuing and accepting ECHS membership forms are requested to amend the certificate as per format enclosed prior to issuing forms.

(VK Dua)
LtGen(Retd)
MD ECHS

Encls: As above

Copy to :

All Area/Sub Area HQs All Stn HQs
All Regional Centres ECHS

DPDO/BANKERS CERTIFICATE

Certified the following:

Ser No ..... Rank .....…… Name .....PensionAccount No

…….. of this bank is drawing pension as follows -

(a)	Basic Pension	-	Rs ……..
(b)	Dearness Pension (50% of Basic Pension)	-	Rs ……..
(c)	DA	-	Rs ……..
	Total	-	Rs

His Pension Payment Order No is ……..FMA has been

stoppedwef (date).....

Date:

PDA/Bank Manager /i/c DPDO
(With official stamp)

Tele: 25684946

Central Organisation ECHS
Adjutant General Branch
integrated HQ of MOD (Army)
Maude Lines
Delhi Cantt-110010

B/49711/AG/ECHS

26 Mar 2007

(All Command HQS)

CHANGE OF PARENT POLYCLINIC: ALL INDIA

1. Pleaserefer to our letter Nos B/49705-NCRIAG/ECHS dt 27 May 2005 and B149711 SCIAG/ECHS dt 03 Jan 2006.

2. It has been represented by a number of ECHS members that the procedure for seeking change of address and Parent polyclinic stipulated vide our letters under reference is time consuming and inconvenient.

3. Keeping in view the convenience of ECHS members, with immediate the procedure enumerated in succeeding paragraphs will be followed.

4. The member is to submit the following to nearest Stn HQs for change of Parent Polyclinic:

5. (a) An application on plain paper clearly giving following details:

   (i) Old ECHS Regn Number.
   (ii) Old Address.
   (iii) Old Parent Polyclinic.
   (iv) New Address.
   (v) New Parent Polyclinic.

   (b) An undertaking on a separate plain paper stating that:

   (i) No information has been concealed or suppressed.
   (ii) Any false information submitted will make him liable for termination of ECHS membership

   (c) Proof of new address like electricity/telephone/water bills/RWA certificate etc.

   (d) Afresh ECHS application form with relevant columns filled and superscribe "CHANGE OF ADDRESS" and "CHANGE OF PARENT POLYCLINIC".

   (e) Returnthe old cards duly defaced.

   (f) Deposit DD on the name of concerned Regional Centre @ Rs 90/per card requested. Station HQs will receive the application form and provide "Receipt of Documents duly affixed photographs" which will be valid for 60 days and thereafter to be revalidated if ECHS Sinart Cards are not received. ECHS member should personally collect the cards from Stn HO after 60 days of submission of application.

6. Station HQ will place the demand to SIT through concerned Regional Centre ECHS for Le-manufacturing of Smart Cards is appear request of the member. SITL will issue fresh cards duly indicating new address and new parents polyclinic. SITL will also maintain details of old address and old parent polyclinic in their dat was

7. Instructions issued vide our letters mentioned at Para 1 above are hereby superseded. The above may please be given wide publicity.

(NarinderPalSingh)
Col
Dir(Ops & Coord)
For MD ECHS

Copy to:

AllECHSRegional Centres

All Areas/Sub Areas HQs

All Station HQs

SITL - Forinformation and necessary action please.

Appendix 'A'

Polyclinic File ref: _____ Date: _____

INTIMATION:CHANGE OFPARENT POLYCLINIC

(Separate form to be raised for each card/copy to be sent to concerned Regional Centre) To

OIC ECHS Polyclinic

_____

_____

_____(Address of Old Parent Polyclinic)

1. ECHS Card No _____
2. Name of ECHS beneficiary. _____
3. Relationship with ECHS Member _____
4. No _____
5. Rank _____
6. Name of AFV _____
7. Old Parent Polyclinic _____
8. New Parent Polyclinic _____
9. Date of change of parent Polyclinic _____
10. Duration from _____

Declaration by Card Holder

Certifiedabove is true

Date: (Sign. Of Card Holder)

RemarksofOICPolyclinic

Verified details as above

Certified above is true

Date: (Sign. Of OIC Polyclinic)

Tele:23010231/7165
Tele & Fax: 23017605

Dte of PS
Air HQ(VB)
Rafi Marg
New Delhi - 106

Air HQ/23484/24/P1/PS(Wel-ECHST

10 Dec 08

Central Organisation (Dir Ops & Coord) ECHS
Maude lines Delhi
Cantt–10

ECHS MEMBERSHIP TO DEPENDENT PARENTS

1. Reference is made to your letter No. B/49711/AG/ECHS dated 27 Nov 08, on the above subject.

2. It is intimated that provision does exist for promulgation of POR for dependents of serving Air Force officers.

3. With regard to the promulgation of POR for dependents of retired Air force officers, the following may be appreciated:

(a) Since no such provision existed a case was taken up with your Organisation, to intimate if certificate, authenticating the occurrence, issued by P Staff at this HQ, would be accepted by your Organisation. Your organisation, vide your letter B/49708 E/AG/ECHS dated 24 Sep 08, has confirmed acceptance of such certificate.

(b) Accordingly, a policy was formulated with the approval of the AOA and AOP at this HQ in this regard and the same has since been disseminated to all concerned (including your organisation) vide our letter of even reference dated 01 Dec 08(copy enclosed for ready reference)

(c) In accordance with afore mentioned policy, JDPO-2(c) at this HQ would issue a certificate to the retired officers, authenticating the following occurrences after retirement in respect of retired Air Force officers:

(i) Marriage/divorce/remarriage
(ii) Birth/Death of child
(iii) Dependent parents

4. This is for your information and further necessary action.

(AK Kapur)
Gp Capt
DPS

Annexure: As stated

Tele 23010231/7165
Tele & Fax 23017605

Dte of PS
Air HQ(VB)
Rail Marg
NewDelhi-10

Air HQ/23484/ 24/P1/PS(Wel-ECHS)

01 Dec 06

HQWACIAFHQ
EAC IAF
HQ CAC IAF (CPSO/SPSO/DYPMO)
HQ SAC IAF
HO SWAC IAF
HO TC |AF HQ
MC IAF

PROMULGATION OF PORS FORMARRIAGE/BIRTH OF CHILD
VR/O RETIREDAIR FORCE OFFICERS AFTER RETIREMENT FROM SERVICE

1. When an Armed Forces Pensioner applies for ECHS membership, a copy of DPDO/Discharge book is required to be submitted along with the application form, to verify the veracity of the family members of the ESM. In case of an individual's marriage/re-marriage or birth of child occurring after retirement and the fact not being shown in the DPDO/Banker's Certificate, a copy of Non-Effective Strength Records Part II Order is to be submitted as per laid down ECHS guidelines.

2. For PBORs in Air Force, Air Force Record Office is taking NE PORs promulgating the marriage/birth of child after discharge from service but, no such provision exists for retired Air Force Officers. As a result the retired Air Force officers are not able to support their applications with copies of PORs for such occurrences.

3. It is, therefore, decided that henceforth, the procedure brought out in the succeeding paragraphs would be followed by retired Air Force officers to enroll their spouse/children, married/born after retirement as their dependents/ECHS beneficiaries.

4. The non-effective Air Force officer or his next of kin would submit an application to JDPO- 2(C) at this HQ, along with the necessary documentary evidence, mentioned against each, authenticating the following occurrences:

(a) **Birth/Death of Child**.

(i) Certificateof Birth/Death issued by the Department of Birth and Death
(ii) School leaving Certificate for children having passed Class X
(iii) A duly sworn affidavit mentioning the birth/death of child

(b) **Marriage/Divorce/Remarriage**.

(i) Certificatefrom the Department of Birth & Death registering the death of spouse, if applicable
(ii) Divorce decree from the Court, if applicable
(iii) Certificateof marriage/re-marriage issued by the Court/Church etc.
(iv) A duly sworn affidavit mentioning the marriage details

(c) **Dependent Parents**. A duly sworn affidavit stating the income of the Dependent parent from all known sources being less than Rs 2550/- per month as per V pay Commission and as revised thereafter

5. Verificationof doubtful cases will be sought from the local A PM/Civil Police

6. A certificate including the fresh occurrences will be issued by JDPO-2(C) at this HQ to the retired officer and a copy of the same retained in the Unit copy of document

7. Acceptance of the certificate by ECHS has already been confirmed by Central Organisation, ECHS vide their letter B/49708-E/AG/ECHS dated 24 Sep 08.

8. It is requested that wide publicity be given for information of all serving/retired officers.

(AK Kapur)
GpCapt DPS

<u>Copy to</u> SO
to AOA

JDPO-2(C)
ECHS Central Organisation (Dir Ops & Coord) - Request include in next edition of ECHS Brochure/News letter DMS (MB) DPP&R
DMS (MB) D
P P & R

CHAF, Bangalore
414 AF Stn, Yelahanka 407
AF Stn, Coimbatore 2
AFSB, Mysore
28 Wg AF, Hindon (Commandant/AOC/Stn Cdr) 30
Wg AF, Sarsawa
45 Wg AF, Sirsa 56
ASP. Faridabad
17 Wg AF, Gorakhpur
HQ MC(U), Nagpur 7
AFH Kanpur
5 AFH Jorhat

Secretary, AFA - Request disseminate through all your branches C/O
412 AF Stn, Race Course, Delhi - 110 003
Secretary - Request disseminate to all concerned

Kendriya Sainik Board
West Block-4, Wing-V
RK Puram, New Delhi-110066

Tele 25654945
Mil 36833

Central Organisation ECHS
Adjutant General's Branch
IntegratedHeadquarters Ministry of
Defence, Army Maude line,
New Delhi - 110010

B/49711/AG/ECHS

25 Mar 2011

IHQ of MOD (Navy) Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HO Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (AECHS)
HO South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

CESSATIONOFTEMPORARY ATTACHMENT PROCEDURE

1. Reference our following letters:

(a) B/49762/AG/ECHS dated 04 Aug 2006.
(b) B/49770-P/AG/ECHS/Referral dated 05 Apr 2007.
(c) B/49762/AG/ECHS dated 05 Nov 2009.
(d) B/49711/AG/ECHS dated 16 Dec 2010.

2. Provision of Temporary Attachment Certificate was initiated to facilitate provisioning and issue of drugs/medicines and consumables by a Polyclinic to outstation ECHS beneficiaries. Patients temporarily relocating to a now station wore given TAC for facilitating issue of medicines for a prescribed duration

3. Feedback from the environment regarding utility of TAC indicates that the procedure instead of facilitating delivery of medicare has become a hindrance. Further the intended purpose of assisting in planning MMF is also not being achieved.

4. In light of the above feedback the entire procedure of TAC was deliberated upon at length at the Central Organisation. Consequently, it has been decided to abolish the procedure of temporary attachments. Hereafter. ECHS beneficiaries may receive treatment/referral from any ECHS Polyclinic production of ECHS smart card.

5. In order to minimize procedural hassles and hardship to veterans following to simplified procedure will be followed : -

(a) A veteran reporting sick at a Polyclinic other than his parent Polyclinic can easily be identified at the reception (The cmptr shows the card belonging to other Polyclinic by a pop up window) The outstation veteran will be given an option of changing his parent Polyclinic or continuing as a temporary member. He will be explained that in case he opts for change of parent Polyclinic he will not be able to change it again for duration of six months

(b) In case the veteran opts for change of parent Polyclinic, then me same will be executed through the registration cmptr. He will be entitled to draw medicines for the prescribed duration.

(c) In case the veteran opts for treatment without change in parent Polyclinic, he will be entitled to draw medicines only for a duration of seven days at a time. All other facilities for medical treatment except non- expendable med eqpt such as hearing aid will be entitled to him at par with those available at parent Polyclinic.

(d) An intimation regarding outstation member joining the Polyclinic as permanent members (opting for parent Polyclinic) will be sent to previous parent Polyclinic and RC as per format att at Appx 'A'.

(e) On receipt of intimation the previous parent Polyclinic will send details of non-expendable medical eqpt issued to the beneficiary to new parent Polyclinic by post.

(f) OIC Polyclinic will submit a monthly return to the RC regarding outstation members who have opted for his Polyclinic as parent Polyclinic as per format at Appx 'B'.

(g) Record of non-expendable medical eqpt issued to the member by parent Polyclinic should be available in the smart card. In case the record is not available then the same will be obtained by post from erstwhile parent Polyclinic before issuing such stores to the member.

6. Our letters under ref at para 1 (a), (b) and (c) are hereby superseded.

(Vivek Bhatt)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to

All Regional Centres ECHS - for dissemination to all Polyclinics with instructions for display and compliance

Internal

Medical

P& FC

Polyclinic file ref. ……. Date:

INTIMATION: CHANGE OF PARENT POLICLINIC

(Separate form to be raised for each card copy to be sent to concerned Regional Centre)

To

OIC ECHS Polyclinic

_____

_____

_____ (Address of Old Parent Polyclinic)

1. ECHS Card No ……
2. Name of ECHS beneficiary …….
3. Relationship with ECHS Member …….
4. No. …….
5. Rank …….
6. Name of AFV …….
7. Old Parent Polyclinic …….
8. New Parent Polyclinic …….
9. Date of change of Parent Polyclinic …….
10. Duration from …….

Declaration by Card Holder

Certified above is true

Date: (Sign. of Card holder)

Remarks of OIC Polyclinic

Verified details as above

Certified above is true

Date: (Sign. of OIC Polyclinic)

Appendix B'

(Refer to Para 5 (1) of Central Org letter No B/49711AG/ECHS dt – 25 Mar 2011)

CHANGE OFPARENT POLYCLINIC

(MONTHLY REPORT TO REGIONAL CENTRE …… FOR MONTH .....)

S NO	ECHS Membership Card No	Nameof ECHS Beneficiary	Service No	Rank	Name of AFV	Relationship with AFV	Old Polyclinic	New Polydinic	Date of effect

(Signatureof OIC)

Tele: 25684946
Ascon: 36832

Central Organisation ECHS
Adjt General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-110 010

B/49711/AG/ECHS

10 Oct 2012

All Regional Centres ECHS

ScoreInformation Technologies Ltd KLJ
Complex 1
B-39/70, Najafgarh Road New
Delhi - 110015 India

LOSS OF SMART CARD

1. Further to this HQ letter No 49711/AG/ECHS dt 15 Apr 2008.

2. Henceforth, it is directed that the under mentioned procedure will be followed on loss of ECHS Smart Cards / temporary receipt:

(a) The Card (s) in question should be blocked immediately on intimation of the same by the member concerned. Polyclinic / Stn HQ where the member has intimated loss of his card(s) will forward the details of the lost card (s) to the respective Regional Centre ECHS. The Regional Centre will instruct SITL to block the card (s) in question. The Card will be blocked immediately by SITL and completion report of the same to be forwarded to all concerned accordingly.

(b) The ECHS member will submit an application giving details of the lost card(s) to the dependent Polyclinic / Stn HQ alongwith the following:

(i) An affidavit of the circumstances under which the loss took place on Rs 10/- Non-Judicial Stamp paper duly notorised.

(ii) Demand draft in favour of ECHS Regional Centre towards the cost of duplicate Smart Card (s) @ Rs 135/- per card.

(iii) Photocopy of the lost of card (s), if held.

(iv) Fresh application form duly filled in and photographs affixed of all the beneficiaries concerned.

3. On submission of an application for issue of a Smart Card a receipt will be issued by Stn HQ and this would be the authority for seeking treatment from an ECHS Polyclinic till the time the card is issued.

4. You are requested to disseminate the above information to all concerned.

(RK Shukla)
Lt Col
Jt Dir (Pers)
for MD ECHS

Tele : 25684645
Telefax: 011-25684946
Email:diritechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt- 110 010

B/49711 /AG/ECHS

04 Apr 2013

All Regional Centres, ECHS

ECHS FACILITIES TO DEPEDENTS DAUGHTERS ABOVE 25 YEARS OF AGE

1 You are requested to direct all ECHS members to submit an affidavit, that their daughters above 25 years of age are still unmarried / widow / divorced, the monthly income of such daughters is not more than Rs 3500/- and that they are wholly dependnt on the ESM. ECHS Smart Cards of the daughters who do not meet this criteria and have completed 25 years of age will be cancelled immediately.

2. Regional Centres ECHS are requested to obtain above affidavit from all the effected ECHS members and submit a certificate to this office that no ineligible daughter is availing ECHS facility under their AOR. Regional Centre will be responsible for cancellation of unauthorised ECHS Smart Cards under their AOR.

3. You are requested to complete the check and forward the required certificate by 05 May 2013

(Amit Sood)
Col
Dir(Stats&Automation)
for MD ECHS

Copy to

All Regional Centres - for info pl

Tele : 25684645
Telefax : 011-25684946 Email :
diritechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-SC/AG/ECHS

02 Jul 2014

PCDA (Pension)
Allahabad

JCDA (AF), Subroto Park,
New Delhi

PCDA Mumbai: No-1
Cooperage Road
Mumbai-40039

STOPPAGE OF FMA FOR PRE 2003 RETIREES OPTING FOR ECHS MEMBERSHIP

1. Ex-Servicemen Contributory Health Scheme, (ECHS) is optional for pre 01" April 2003 retirees. In case an Ex - Servicemen (ESM) exercises the option of becoming ECHS Member, the Fixed Medical Allowance (FMA) is required to be stopped for the Ex- Servicemen. ESM is required to submit a certificate from DPDO/Banker Certificate (as per copy att) stating that the FMA has been stopped.

2. It has been brought to notice of ECHS that in numerous cases the FMA continue for an ESM even after having been granted ECHS Membership. In order to ensure that the FMA is stopped for ESM who have registered for ECHS Membership, the Regional Centre, ECHS have been directed to fwd the DPDO/Banker Certificate to concerned PCDA (pension) of the ESM.

3. Youare requested to accordingly take action forstoppage of FMA of concerned

(AmitSood)
Col
Dir(Stats & Automation)
for MD ECHS

Copy to

All Regional Centres - for info pl.

Tele : 25684645
Telefax : 011-25684946
Email : diritechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Army Headquarters
Maude Lines
Delhi Cantt - 110 010

B/49711 /AG/ECHS

15 Jan 2015

IHQ of MOD (Navy)/Dir ECHS (N)
Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centres ECHS

EX-SERVICEMEN CONTRIBUTORY HEALTHSCHEME (ECHS) APPLICATION FORM FOR MEMBERSHIP (REV 2015)

1 Ref Central Org ECHS letter No B/49711/AG/ECHS dt 27 Nov 2013.

2. Application form (Revised 2015) for ECHS Smart Card in case of fresh applicants has been modified with additional details. The format for the same is enclosed herewith. The format of the application has also been uploaded on our website www.echs.gov.in. The same may be downloaded.

3 It is mandatory for all applicants to provide details of Aadhar card incl those of dependents. Aadhar card details for NDG ESM is not mandatory.

4. The old application form be discontinued wef 01 Mar 2015 and the new revised form be implemented accordingly.

5. It is requested that the above be given wide publicity and disseminated to all concerned under your jurisdiction.

(D Rajaram)
Lt Col
Offg Dir (Stats & Automation)
for MD ECHS

Encls :- As above

Internal

MP-5/6

MP-8 (I of R)

Copy to

Score Information Technologies Limited
70/A-32, 3rd Floor Rama Road, Moti Nagar - The format of Application (Revised 2015) is enclosed for your form info andnecessary action pl.

Tele: 011-25684645
Telefax: 011-25682392
Email: diritechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IntegratedHQ of MoD(Army)
Maude Lines
Delhi Cantt - 110 010

B/49711-SC/AG/ECHS

27 Jul 2015

All Regional Centres ECHS

ACTIONS TO BE TAKEN BY REGIONAL CENTRES ECHS ON ISSUE OF TEMPORARY SLIP IN LIEU OF SMART CARD

1. Please refer this Organisation letter No. B/49711-SITL/AG/ECHS dated 08 Jul 2015 (copy enclosed), email dated 28 Apr 2015 and B/49711-SC/AG/ECHS dated 24 Jul 2015.

2. M/s SITL was contracted for a period from 31 May 2010 to 31 May 2015 for provisioning of Smart Cards to ECHS beneficiaries and MIS operations at Polyclinics along with other associated services including provisioning of TSPs (Technical Support Personnel). The contract has expired on 31 May 2015. RFP for identifying the alternate agency to take over these functions is under process and is likely to take minimum 14 months to finalise. Hence, in the interim, there is a need to put in place a system as an alternate to Smart Cards.

3. In view of the foregoing, the following will be implemented:

(a) Temporary slip will be given to the ESMs applying for the Smart Card and each temporary slip to have a Unique ID/Registration No., for which proper records will be kept at Regional Centres ECHS and Station HQs.

(b) Temporary slip in addition to the existing details will also have Mobile No., Aadhar No and Date of Birth.

(c) **No Demand Draft for ECHS Card shall be taken** and the column where demand draft details were required to be endorsed in the Application Form shall be deleted/ scored off.

(d) Money collected so far from the ESMs for the Card making and whose cards were not printed shall be returned to their bank account within next 60 days.

(e) **Slip/Temporary Receipt to be given with a validity of one year.** ESMs be advised to get the slip laminated and the slip shall have to be returned along with a fresh application form, Demand Draft (amount shall be intimated later) as and when the production of Smart Cards restarts. Detailed instructions wrt restarting of Smart Card operations shall be disseminated as and when the contract is finalised.

(f) Photographs of all beneficiaries to be on the slip which should be duly authorised by OIC Card Section at Regional Centres/OIC ECHS Station Cell at Stn HQ. Date of birth must be mentioned below the photograph.

(g) Monthly data to be maintained and status to be forwarded to Central Organisation, ECHS in Excel format, separately for fresh and upgrade if any as per format given below:

(i) **Individual Data**

Ser. No	Unique ID No.	No	Rank	Name	Dependents		Validity		Mob No.	Aadhar No.	PPO To
					Name	Relation	From	To			

(ii) **MBR Data** Format attached as appendix 'A' to this letter.

4 In all cases wherein old cards/new cards are not functioning, a Temporary Receipt shall be obtained from the dependent Regional Centre/Stn HQ ECHS Cell after depositing UNSV ECHS Cards. **Validity of the receipt shall be for one year** and No Demand Draft from ESMs to be obtained.

5. The above information shall be disseminated to all the Record Offices/ Polyclinics under jurisdiction of respective Regional Centres ECHS and will be implemented forthwith.

6. Forward for further necessary action please.

(DMAnand)
Col
Dir(Stats & Automation)
for MD ECHS

Encl: As stated

Copy to:

IHQ OF MOD(Navy)/DIRECHS (N)
Air HQ (VB) DPS/D Fin (P)
HQ Southern Command (A/ECHS) - Request intimate Stn HQs under your AOR.
HQ Eastern Command A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)

Internal

Ops
Medical
C&L
P&FC
OIC Billing

Appx 'A' to letter No. B/49711-SC/AG/ECHS dated 27 Apr 2015

MBR AS ON..... JUN 2015					
	ARMY	**NAVY**	**AIR FORCE**	**COAST GUARD**	**TOTAL**
PRE RETIREES					
ESM					
Father					
Mother					
Spouse					
Son					
Daughter					
Brother					
Sister					
Total Dependents					
Total Beneficiaries					
POST RETIREES					
ESM					
Father					
Mother					
Spouse					
Son					
Daughter					
Brother					
Sister					
Total Dependents					
Total Beneficiaries					
FAMILY PENSIONERS					
Family Pensioner					
Father					
Mother					
Spouse					
Son					
Daughter					
Brother					
Sister					
Total Dependents					
Total Beneficiaries					

Appx 'A' to letter No. B/49711-SC/AG/ECHS dated 27 Jul 2015

BENEFICIARY DATA				
	Strength as on 30 Jun 2015	**Increase During Month**	**Decrease During Month Death/Ineligible**	**Net Beneficiaries**
Beneficiary				
Relation	**Blocked/ Hot listed beneficiaries As on ....May 2015**			
Pensioner				
Father				
Mother				
Spouse				
Son				
Daughter				
Brother				
Sister				
Son>25 Yrs - Eligible Disability /# WCH				

#WCH White Card Holder

STATUS OF CARD APPLICATIONS					
Received During Month					
Balance as 30 Jun 2015		**Application**	**Cards to be made**	**Total**	

Appx 'A' to letter No. B/49711-SC/AG/ECHS dated 27 Jul 2015

Relation	Total As On 30 Jun 2015	Total As On 31 May 2015	Difference
Pensioner			
Father			
Mother			
Spouse			
Son			
Daughter			
Brother			
Sister			
Total			

Tele: 011-25684645
Telefax: 011-25682392
Email: diritechs-mod@nic.in
Maude Lines
Delhi Cantt - 110 010

Central Organisation, ECHS
Adjutant General's Branch
IntegratedHQ of MoD(Army)

B/49711-SITL/AG/ECHS

08 Jul 2015

ScoreInformation Technologies Ltd
70/A- 32, 3rd Floor
RamaRoad,MotiNagar
New Delhi – 110015

EXPIRY OF AGREEMENT WITHM/s SITL

1. Please refer the following:

(a) Para 9.1.3 of agreement between SITL and ECHS dated 31 May 2010.

(b) This HQ email dated 28 Apr 2015 and 07 Jul 2015.

2. Your attention is drawn to Para 9.1.3 of agreement as per which all data, software, source codes and hardware were required to be returned to this Organisation one month prior to the expiry of the agreement. In view of the foregoing, you are again requested to return all deliverables of software, source codes, data and hardware immediately to this HQ.

3 Forwarded for immediate compliance please.

(DMAnand)
Col
Dir(Stats&Automation)
for MD ECHS

Tele: 011-25684645
Telefax: 011-25682392

Central Organisation, ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines, Delhi Cantt - 110010

B/49711-SC/AG/ECHS

07 Aug 2015

All Regional Centres ECHS
……..

ACTIONS TO BE TAKEN BY REGIONAL CENTRES ECHS ON ISSUE OF TEMPORARY SLIP IN LIEU OF SMART CARD

1. Further to 27 Jul 2015 this Organisation letter No B/49711-SC/AG/ECHS dated 27jul 2015

2. The format of the Temporary Slip to be given to the beneficiaries till such time the Smart Cards operations resume is enclosed. The same is also available on the ECHS website Le. www.echs.gov.in and should replace Page No 7 (revised receipt enclosed) of the existing Application Form The following aspects will be ensured while ving the Temporary Slip.

(a) A unique Registration would be allocated to each slip. The format of which is enclosed as Appendix A.

(b) The validity of the slip will be of one year from the date of issue. The same should be unambiguously endorsed on the Temporary Slip.

(c) Photographs along with Name and Date of Birth wrt each beneficiary should be endorsed on Slip.

(d) PPO No. Aadhar No. And Mobile No. must be mentioned on the Slip.

(e) Veterans must be encouraged to register for Jecavan Praman Scheme.

(f) They must be advised to get the slip laminated and keep in safe custody.

3. To ensure integrity of the data on the slip following measure will be taken:

(a) All issuing authority will ensure that the slip is scanned and a record in kept with them in the PDF format.

(b) The Temporary Slip will be activated only after it has been signed by the OIC, Parent Polyclinic and details to be entered into the register maintained for the same at Polyclinics Format for the same is enclosed (Appx B) All future: referrals will be linked to the Unique No recorded at Parent Polyclinics.

(c) All issuing authority A Digi locker Account at http://digilocker.gov.in (procedure for the name is enclosed (Appx C) and e sign all uploaded temporary slips. The account will be opened with the Aadhar No. of issuing officer and he shall be responsible for uploading the scanned slips and e- signing it.

(d) In case of loss of the temporary slip the e-signed temporary slip available in the digital locker of the issuing authority will be demanded by the nearest-Sto HQ/Regional centre ECHS after interaction with the issuing authority over email and a printout shall be given to the beneficiary after verifying the credentials and satisfying that the slip has gruinely been lost

4. Reports and Returns de Temporary Slip as sought vide our letter referred above must be sent the every month

5. Forwarded for further action please.

(DMAnand)
Col
Dir (Stats & Automation)
for MD ECHS

Encl: As stated

Copy to:

IHQ of MoD (Navy)/DIRECHS (N)
Air HQ (SP), Dte of AV, Subroto Park HQ
Southern Command (A/ECHS) HQ Eastern Command A/ECHS)
HQ Western Command (A/ECHS) } Request disseminate to Stn HQs & Record Offices in your AOR
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)

Internal

Ops Medical
C&L P&FC
OIC Billing

Registration No _____

RECEIPT FOR DOCUMENTS CUM TEMPORARY RECEIPT EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)
(USE BLUE INK ONLY)

1. Received documents from No _____ Rank _____ Name _____ towards application for membership of Ex-Servicemen Contributory Health Scheme (ECHS) :-

(a) Application form (duly completed)
(b) Photographs pasted at appropriate places.
(c) Affidavit in original (duly attested).
(d) Copy of MRO (where applicable).
(e) Photocopy of PPO/Bankers certificate duly attested by bankers/treasury (where applicable). (f) Photocopy of service/discharge book /proof of dependants.

2. Category for Hospitalization (✔) Private Semi Private General 3. Force Type: _____ 4. Regiment/Unit: _____ 5. Address with State and Pin Code: _____

3. Mobile No: _____ 7. Date of Birth: _____ 8. Date of Retirement: _____

9. Parent Polyclinic of Pensioner _____ 10. Aadhar No:

11. VALIDUPTO _____

Place: Office Seal
Date: Signature _____
(Stamp with Rank, Name & Appointment, Officer issuing- Temporary Receipt in lieu of Smart Card) All photographs to be stamped by issuing Officer.

PENSIONER Name: Date of Birth:_____	SPOUSE Name: Date of birth:_____	DEPENDENT Name: Date of birth:_____	DEPENDENT Name: Date of birth:_____
DEPENDENT Name: Date of Birth:_____	DEPENDENT Name: Date of birth:_____	DEPENDENT Name: Date of birth:_____	DEPENDENT Name: Date of birth:_____

12. ACTIVATION BY [[
Place: Signature _____
Office
(Stamp with Rank, Name & Appointment, OIC Parent Polyclinic) Seal
Date:

Notes:-

1. This original receipt is required to be returned at the time of collection of Smart Card (s). Receipt will not be destroyed. This will be filed along with the original Application Form.
2. No Smart Card will be issued if this receipt in original is not produced.
3. Record Office will retain this receipt after checking the Application Form for handing over to the Individual if the ECHS card is not ready prior to his retirement.
4. The Original Receipt is valid up to a maximum of ONE YEAR from the date of issue.
5. Observation / complaints pertaining to Temporary Receipt (s) must be brought to issuing authority within 07 days of receipt of the Card (s).
6. Slip will be considered activated only after signatures of OIC Parent Polyclinic. ----------

---

_____ Date: _____

Pension Payment Order No (PPONo)
(Attach photocopy)

Signature of ESM / Family Pensioner

DETAILS OFTEMPORARY SLIP

1. The format for unique Registration/Slip shall be as under:-

For Regional Centres ECHS

(a) The first three alphabets will identify the Regional Centres ECHS. The letter for all Regional Centres, ECHS are as under :-

Ser No	Name of Regional Centres ECHS	First Three Alphabets
1	Jammu	JAM
2	Jalandhar	JAL
3	Chandimandir	CHA
4	Ambala	AMB
5	Delhi-I	DEL-I
6	Delhi-II	DEL-II
7	Dehradun	DEH
8	Bareilly	BAR
9	Lucknow	LUC
10	Allahabad	ALL
11	Patna	PAT
12	Kolkata	KOL
13	Guwahati	GUW
14	Ranchi	RAN
15	Visakhapatnam	VIS
16	Hyderabad	HYD
17	Chennai	CHE
18	Coimbatore	COI
19	Kochi	KOC
20	Trivandrum	TRI
21	Bangalore	BAN
22	Mumbai	MUM
23	Pune	PUN

24	Nagpur	NAG
25	Ahmedabad	AHM
26	Jabalpur	JAB
27	Jaipur	JAI
28	Hisar	HIS

(b) The next two letter will determine the parent Polyclinic of the beneficiary. The allocation of codes for parent polyclinics is enclosed as Annexure-I.

Annexure I of Appx A to letter
No. B/49711-SC/AG/ECHS dated 07
Aug 2015

CODES OFPOLYCLINICS UNDER AOR OF REGIONAL CENTRES ECHS

Ser No	Name of Polyclincs	Code for Polyclinics
Regional Centre Ahmedabad (16)		
1	Ahmedabad	01
2	Ajmer	02
3	Barmer (Jalipa)	03
4	Bhilwara	04
5	Bhuj	05
6	Dungarpur	06
7	Jaisalmer	07
8	Jamnagar	08
9	Jodhpur	09
10	Pali	10
11	Rajkot	11
12	Rajsamand	12
13	Shergarh	13
14	Surat	14
15	Udaipur	15
16	Vadodra	16
Regional Centre Allahabad (16)		
1	Allahabad	01
2	Azamgarh	02
3	Balia	03
4	Banda	04
5	Basti	05
6	Deoria	06

7	Faizabad	07
8	Fatehpur	08
9	Ghazipur	09
10	Gonda	10
11	Gorakhpur	11
12	Jaunpur	12
13	Mirzapur	13
14	Pratapgarh	14
15	Sultanpur	15
16	Varanasi	16
Regional Centre Ambala (11)		
1	Ambala	01
2	Gohana	02
3	Kaithal	03
4	Karnal	04
5	Kharkhoda	05
6	Kurukshetra	06
7	Nahan	07
8	Narayangarh	08
9	Panipat	09
10	Sonepat	10
11	Yamunanagar	11

(c) F/U will be added after Parent Polyclinic Code to indicate whether it is a fresh application or upgrade and the next six letters will determine the date of issue i.e DDMMYY.

(d) The two alphabets to identify the service will be added after date of issue i.e. AR/AF/IN/CG and the next four letters will be serially allotted by the issuing authority.

For Station HQ

(e) The Slip issued by Station HQ, will specifically mention the name of Stn HQ before the three letters of Regional Centres, ECHS, issuing the slip.

For Record Offices

The slips issued by Record Offices will specifically mention the Record Office name before the three letters of Regional Centres, issuing the slip.

2. Examples are given as under:-

(a) For Regional Centres ECHS

Suppose, a beneficiary of Army applying fresh registration with parent Polyclinic **Faridabad (code No. 02)** under RC Delhi-I is issued Temporary Slip on 08 Aug 2015 vide their register serial no. 1, the slip no will be as under:-

DELHI/02/F/080815/AR/0001

Like this, for beneficiary of Air Force applying for upgradation with Parent Polyclinic Raibareli (code No. 11) under RC Lucknow & issued vide their issue register ser No. 235 dated 09 Sep 2015 the slip will have no as under:-

LUC/11/F/090915/AF/0235

(b) **For Station HQs**

Suppose, a beneficiary of Air Force applying for upgradation, with parent Polyclinic Palwal (Code No. 07) Under RC Delhi-I is issued Temporary Slip on 08 Aug 2015 by Stn HQ Delhi Cantt vide their register serial no. 25 the slip no will be as under:-

SHQDelhiCant/DELHI/07/U/080815/AF/0025

(c) **Agency issuing slip in respect of future retiree (Army, Air Force and Navy)**

11	MEG Bangalore	11
12	Mysore	12
13	Shimoga	13
14	Tumkur	14
15	Virarajendrapet	15
16	Yelahanka (Bangalore)	16
Regional Centre Chandimandir (18)		
1	Barnala	01
2	Chandigarh	02
3	Chandimandir	03
4	Doraha	04
5	Fatehgarh Sahib	05
6	Jagraon	06
7	Ludhiana	07
8	Mohali	08
9	Nabha	09
10	Patiala	10
11	Rampur	11
12	Ropar	12

13	Samana	13
14	Samarala	14
15	Sangrur	15
16	Sarakaghat	16
17	Shimla	17
18	Solan	18
Regional Centre Chennai (15)		

Suppose, a future retiree of Army as a fresh applying for ECHS membership by selecting Polyclinic **Hardoi (code No. 05)** as his **parent Polyclinic** under RC Lucknow and he is issued Temporary Slip vide their register serial no. 521 dated 10 Nov 2015 by AMC Records, Lucknow the slip will have No. as under :-

AMC Record Lucknow/LUC/05/F/AR/101115/0521

Suppose, a future retiree of Air force as a fresh applying for ECHS membership by selecting Polyclinic Sultanpur (code No. 15) as his parent Polyclinic under RC Allahabad and he is issued Temporary Slip vide their register serial no. 356 dated 24 Dec 2015 by Air HQ (SP), Dir of AV, Air Force the slip will have No. as under :-

(d) **DAV(SP)/ALL/15/F/AF/241215/0356**

Suppose, a future retiree of Navy as a fresh applying for ECHS membership by selecting Polyclinic Puri (code No. 06) as his parent Polyclinic under RC Visakhapatnam and he is issued Temporary Slip vide their register serial no. 923 dated 21 Sep 2015 by concerned agency of Navy issuing the slip, the slip will have No. as under :-

Name of issuing agency/VIS/06/F/IN/210915/0923

Regional Centre Bangalore (16)		
1	Bangalore (Urban)	01
2	Belgaum	02
3	Bidar	03
4	Bijapur	04
5	Dharwad	05
6	Gulbarga	06
7	Hassan	07
8	Kolar	08
9	Madekeri	09
10	Mangalore	10

1	Avadi	01
2	Chennai	02
3	Chennai (Island Ground)	03

4	Cuddalore	04
5	Kanchipuram	05
6	Krishnagiri	06
7	Kumbhkonum	07
8	Nagapattinam	08
9	Port Blair	09
10	Puducherry	10
11	Tambram	11
12	Thanjavur	12
13	Thiruvannamalai	13
14	Vellore	14
15	Villupuram	15

Regional Centre Coimbatore (10)		
1	Coimbatore	01
2	Dindigul	02
3	Erode	03
4	Madurai	04
5	Salem	05
6	Sivagangai	06
7	Srivilliputtur	07
8	Theni	08
9	Tiruchirapalli	09
10	Wellington	10

Regional Centre Dehradun (21)		
1	Almora	01
2	Bageshwar	02
3	Banbasa	03

4	Dehradun	04
5	Dharchula	05
6	Haldwani	06
7	Hempur	07
8	Joshimath	08
9	Karanprayag (Gopeshwar)	09
10	Kotdwara	10

11	Landsdowne	11
12	Pauri Garhwal	12
13	Pithoragarh	13
14	Raiwala	14
15	Ranikhet	15
16	Roorkee	16
17	Rudraprayag	17
18	Rudrapur	18
19	Tehri	19
20	Uttarkashi	20
21	Vikasnagar	21
Regional Centre Guwahati (23)		
1	Agartala	01
2	Aizwal	02
3	Along	03
4	Bongaigaon	04
5	Churachandpur	05
6	Dhubri	06
7	Dibrugarh	07
8	Dimapur	08
9	Goalpara	09
10	Guwahati	10

11	Imphal (Leimakhong)	11
12	Jorhat	12
13	Lakhimpur	13
14	Lunglei	14
15	Masimpur	15
16	Misamari	16
17	Mokokchung	17
18	Nagaon Town	18
19	Shillong	19
20	Tezpur	20
21	Tezu	21
22	Tinsukia	22
23	Zakhama (Kohima)	23

Regional Centre Hisar(24)		
1	Abohar	01
2	Bahadurgarh	02
3	Bhatinda	03
4	Bhiwani	04
5	Bikaner	05
6	Charki Dadri	06
7	Churu	07
8	Didwana	08
9	Fatehabad	09
10	Hissar	10
11	Jhajjar	11
12	Jind	12
13	Kosli	13
14	Loharu	14

15	Mansa	15
16	Meham	16
17	Nagaur	17
18	Narwana	18
19	Rajgarh	19
20	Rohtak	20
21	Sampla	21
22	Sirsa	22
23	Sriganganagar	23
24	Suratgarh	24
Regional Centre Hyderabad (15)		
1	Ananthapur	01
2	Chittur	02
3	Cuddapah	03
4	Eluru	04
5	Giddalur	05
6	Golconda	06
7	Guntur	07
8	Karimnagar	08
9	Khammam	09
10	Kurnool	10
11	Mehbubnagar	11
12	Nellore	12
13	Secunderabad	13
14	Secunderabad (2nd)	14
15	Vijayawada	15
Regional Centre Jabalpur (15)		
1	Ujjain	01
2	Bhind	02

3	Bhopal	03
4	Bilaspur	04
5	Gwalior	05
6	Jabalpur	06
7	Jagdalpur	07
8	Mhow	08
9	Morena	09
10	Pachmarhi	10
11	Raigarh	11
12	Raipur	12
13	Rewa	13
14	Satna	14
15	Saugor	15

Regional Centre Jaipur(17)		
1	Alwar	01
2	Behror	02
3	Bharatpur	03
4	Bhuwana	04
5	Chirawa	05
6	Dausa	06
7	Dharuhera	07
8	HindaunCity (District Karrauli)	08
9	Jaipur	09
10	Jhunjhunu	10
11	Kota	11
12	Mahendragarh	12
13	Narnaul	13

14	Nim Ka Thana	14
15	Rewari	15
16	Sikar	16
17	Vidhyadhar Nagar	17
Regional Centre Jalandhar(25)		
1	Ajnala	01
2	Amritsar	02
3	Barsar	03
4	Batala	04
5	Beas	05
6	Bilaspur	06
7	Faridkot	07
8	Ferozpur	08
9	Garhshankar	09
10	Ghumarwin	10
11	Gurdaspur	11
12	Hamirpur	12
13	Hoshiarpur	13
14	Jalandhar	14
15	Jogindernagar	15
16	Kapurthala	16
17	Moga	17
18	Muktsar	18
19	Nawansahar	19
20	Phagwara	20
21	Sri Hargovindpur	21
22	Sultanpur Lodhi	22
23	Suranassi	23
24	Tarantaran/Patti	24

25	Una	25

Regional Centre Jammu (25)		
1	Akhnoor	01
2	Bakloh	02
3	Baramulla	03
4	Baribrahmna	04
5	Chamba	05
6	Deragopipur	06
7	Doda	07
8	Jammu	08
9	Junglot (Kathua)	09
10	Khanabal	10
11	Kullu	11
12	Leh	12
13	Mandi	13
14	Nagrota (Gujroo)	14
15	Palampur	15
16	Pathankot	16
17	Poonch	17
18	Rajouri	18
19	Samba	19
20	Shahpur	20
21	Srinagar	21
22	Talwara	22
23	Uchi Bassi	23
24	Udhampur	24
25	Yol	25
Regional Centre Kochi (14)		

1	Alleppey (Alapuzha)	01
2	Iritti	02
3	Kalpetta	03
4	Kanhagad	04
5	Kannur	05
6	Kochi	06
7	Kottayam	07
8	Kozhikode	08
9	Kunnamkulam	09
10	Moovattupuzha	10
11	Palakkad	11
12	Perintalmanna	12
13	Thodupuzha	13
14	Thrissur	14
Regional Centre Kolkata (18)		
1	Bankura	01
2	Barrackpore	02
3	Baruipur	03
4	Behrampur	04
5	Bengdubi	05
6	Binaguri	06
7	Burdwan	07
8	Cooch Behar	08
9	Gangtok	09
10	Howrah	10
11	Kalimpong	11
12	Katihar	12
13	Kolkata	13
14	Krishnanagar	14
15	Lebong (Darjeeling)	15

16	Midnapur	16
17	Raiganj	17
18	Salt Lake	18

Regional CentreLucknow (12)		
1	AkbarpurMatti(Kanpur Dehat)	01
2	Barabanki	02
3	Etawah	03
4	Fatehgarh	04
5	Hardoi	05
6	Jhansi	06
7	Kanpur	07
8	Lakhimpur	08
9	Lucknow	09
10	Orai	10
11	Raebareli	11
12	Unnao	12
Regional Centre Bareilly(18)		
1	Agra	01
2	Aligarh	02
3	Badaun	03
4	Baghpat	04
5	Bareilly	05
6	Bijnor	06
7	Bulandshahar	07
8	Etah	08
9	Firozabad	09
10	Hathras	10
11	Mainpuri	11
12	Mathura	12
13	Meerut	13
14	Moradabad	14
15	Muzaffarnagar	15
16	Rampur	16

17	Saharanpur (Sarsawa)	17
18	Shahjahanpur	18
Regional Centre Mumbai (8)		
1	Chiplun	01
2	Karwar	02
3	Mahad	03
4	Mumbai (Navy)	04
5	Mumbai (Upnagar)	05
6	NaviMumbai (COD Kandivali)	06
7	Thane (Nerul)	07
8	Vasco-da-gama	08
Regional Centre Nagpur (06)		
1	Akola	01
2	Amla	02
3	Amravati	03
4	Nagpur	04
5	Wardha	05
6	Yavatmal	06
Regional Centre Delhi-I (08)		
1	Delhi Cantt (BHDC)	01
2	Faridabad	02
3	Gurgaon	03
4	Gurgaon(Sohana Rd)	04
5	Khanpur	05

6	Nuh	06
7	Palwal	07
8	Shakurbasti	08
Regional Centre Delhi-II (06)		
1	East Delhi Area	01

2	Ghaziabad (Hindon)	02
3	Greater Noida	03
4	NewDelhi (Lodhi Road)	04
5	Noida	05
6	Timarpur	06
Regional CentrePatna (17)		
1	Ara	01
2	Bhagalpur	02
3	Buxar	03
4	Chhapra	04
5	Danapur (Patna)	05
6	Darbhanga	06
7	Gaya	07
8	Khagaria	08
9	Madhubani	09
10	Motihari	10
11	Munger	11
12	Muzaffarpur	12
13	Samastipur	13
14	Sasaram	14
15	Sitamarhi	15
16	Siwan	16
17	Vaishali	17
Regional CentrePune (20)		
1	Ahmednagar	01
2	Aurangabad	02

3	Beed	03
4	Buldana	04
5	Devlali	05
6	Dhule	06

7	Jalgaon	07
8	Karad	08
9	Khadki (Pune)	09
10	Kolhapur	10
11	Latur	11
12	Miraj (Sangli)	12
13	Nanded	13
14	Osmanabad	14
15	Panaji	15
16	Pune	16
17	Satara	17
18	Sholapur	18
19	Sindhudurg	19
20	South Pune	20
RegionalCentre Ranchi (11)		
1	Behrampur	01
2	Bhawanipatna	02
3	Chaibasa	03
4	Daltonganj	04
5	Deoghar	05
6	Dhanbad	06
7	Gumla	07
8	Jamshedpur	08
9	Koraput	09
10	Ranchi	10
11	Sambalpur	11
Regional Centre Trivandrum (12)		

1	Changanacherry	01
2	Kilimanur	02
3	Kottarakara	03
4	Mavelikara	04
5	Nagarcoil	05
6	Pathanamthitta	06
7	Quilon (Kollam)	07
8	Ranni	08
9	Tirunelveli	09
10	Trivandrum	10
11	Trivandrum(Med College)	11
12	Tuticorin	12
Regional Centre Vizag (09)		
1	Angul	01
2	Balasore	02
3	Bhubneswar	03
4	Dhenkanal	04
5	Kakinada	05
6	Puri	06
7	Ramanathapuram	07
8	Srikakulam	08
9	Vishakapatnam	09

Uniqueld No.	No.	Rank	Name	Dependents Name	Relation	Validity From	To	Mob No.

Frequently Asked Questions

Q1 What is the website for accessing DigiLocker?

A1 DigiLocker is the national Digital Locker System launched by Govt. of India and it can be accessed at https://digitallocker.gov.in

.

Q2 What are the key features of DigiLocker?

A2 Following are the key features of the DigiLocker

For Residents

i. Digital Locker of each resident is linked to their Aadhaar number ii. 1GB of free space in the locker to securely store resident docum ents and store links (URI) of Govt. department or agency issued e-documents.

ii. eSign online service to digitally sign the documents online without using dongle. For details please refer to the e- Sign brochure available on the portal.

iii. Sharing of e-documents online with any registered requester agency or department

iv. Download eAadhaar.

v. List of issuers which have issued e-documents to residents and list of requesters which have accessed resident's documents.

For Issuers

i. Facility to upload e-documents in a standard XML format in the digital locker repository and push e- document URI in the resident's digital locker

For Requesters

i. Secure access to documents in repository or in digital locker

For other details on digital locker please refer to digital locker writeup and presentation on the portal

Q3 How will DigiLocker help you?

A3 It will minimize the use of physical documents. It will provide authenticity of the e documents and thereby eliminating usage of fake documents. It will provide secure access to Govt. issued documents. It will reduce administrative overhead of Govt. departments and agencies and make it easy for the residents to receive services

Q4 How can I Sign-up for the DigiLocker?

A4 To Sign-up for the Digilocker you need to have a valid Aadhaar number registered with Aadhaar. Please type your Aadhaar number in the text box against "Enter Aadhaar Number".

You will be given two options for user authentication. "Use OTP" and "Use Fingerprint". You can click on any one of the button.

i. After clicking on "Use OTP", an OTP (One Time Password) will be sent by UIDAI to the mobile number and email-id registered with your Aadhaar.

ii. Enter the OTP and click on 'Validate OTP' button. Once the OTP is validated the user is taken to set username/password page to complete sign up

iii. After Clicking on "Use Fingerprint" User will have to put the thumb print on the finger print device. If the finger print is valid, then user is authenticated and taken to set username/password page to complete sign up.

Q5 What is OTP?

A5 OTP is a one-time password generated randomly by UIDAI system and sent to your registered mobile number and email-id. The OTP is valid only for duration of 30minutes. Post the expiry, the OTP is rendered invalid and if you enter an invalid OTP, you would be prompted to request for a new OTP.

Q6 Sometimes I am not getting instant OTP's for login?

A6 OTP service is being operated by UIDAI. There are many other Aadhaar services using the same.

For some networks it may take few seconds more. Kindly wait for OTP, the session is valid for 30 min.

Q7 What are the different components of a resident's digital locker? A7 Each resident's

digital locker has the following sections:

i. **MyDocuments**: this section comprises of two sub sections

a. Digital Documents- which contains URI (links) of the documents issued to the resident by the Govt. department or other agencies. Each document will have the following information

- URI
- Document Name
- Issued Date
- Share option

b. Uploaded Documents-List of all the documents which are uploaded by the resident can be viewed in this subsection. Each document will have the following information

- Document Name
- Uploaded Date
- Status: to indicate whether the document is eSigned or not.
- Action: to remove or delete a document from the digital locker.
- Share: to share the uploaded document via email
- Signatureoption: once a document is eSigned it is shown as '√'

ii. **My Profile**

This section displays the complete profile of the resident (Name, Date of Birth, Gender, Residential Address, email, mobile number) as available in the UIDAI database.

iii. **AccountSettings**

This section provides functionality to change your password and to link the DigiLocker account to your social media accounts for login.

iv. **Contact Us**

This section provides our contact details to send your queries and feedback. Q8 How can I upload a document in my locker?

A8 Upload documents facility is available under 'My Documents' section. i. You need to first select a document type (SSC Certificate, HSC Certificate, PAN card, Voter ID card, etc.) from a drop down list.

i. Provide a name for the document

ii. Based on the document type selected, you need to fill in the other details relevant to the document.

iii. Choose the file from your local machine to be uploaded to digital locker. Each file to be uploaded should not be more than 1MB in size and only pdf, jpg, jpeg, png, bmp and gif file types are allowed

iv. Provide Description of the document (max 50 characters)

v. Click 'Upload' button.

On successful upload, the document will be listed under 'Uploaded Documents' subsection.

Q9 what is the maximum size of the document that can be uploaded on digital locker?

A9 Each file to be uploaded should not be more than 1MB in size

Q10 Which file types are allowed to be uploaded on digital locker?

A10 Only pdf, jpg, jpeg, png, bmp and gif fie types are allowed.

Q11 Howcan I share the e-documents in my digital Locker?

A11 For sharing your e-document (mentioned as URI under 'Department Issued Documents' subsection or under 'Uploaded Documents' subsection) you need to click on 'Share' link provided against the document you would like to share.

A dialog box will pop up. Please enter the email address of the recipient in the dialog box and click 'Share' button.

The document will be shared with the recipient via email. The recipient will receive an email from 'no- reply@digitallocker.gov.in'. The subject line of the email will mention the document name and document type. The email body will have the URI link of the document and the sender name and Aadhaar number.

Therecipient can access the document using the URI link provided in the email.

Q12 What is URI?

A12 A URI is a Uniform Resource Indicator generated by the issuer department, which is mandatory for every e-document of the digital locker system. This unique URI can be resolved to a full URL (Uniform Resource Locator) to access the actual document in appropriate repository.

Q13 What is an e-document?

A13 An e-document is an electronic document in XML format issued to one or more individuals (Aadhaar holders) in appropriate formats (both as XML and printable) compliant to digital locker technical specifications. You may also upload govt. issued scanned documents and also digitally sign the same, if required.

Q14 What is an 'Issuer'?

A14 Issuer is an entity issuing e-documents to individuals in a standard format and making them electronically available e.g. CBSE, Registrar Office, Income Tax department, etc.

Q15 What is a 'Requester'?

A15 Requester is an entity requesting secure access to a particular e-document stored in the repository (e.g. University, Passport Office, Regional Transport Office, etc.)

Q16 What is a 'Repository'?

A16 Repository is a Collection of e-Documents which are uploaded by issuers in a standard format and exposing a set of standard APIs for secure real-time search and access.

Q17 What is 'Access Gateway'?

A17 Access Gateway provides a secure online mechanism for requesters to access e documents from various repositories in real-time using e-Document URI (Uniform Resource Indicator). The gateway will identify the address of the repository where the e- Document is stored based on the URI and will fetch the e-Document from that repository. Please refer to the DigiLocker Technical specifications available on the portal for further information.

Q18 How can I contact DigiLocker support team in case of any issues or concerns?

A18 You may contact DigiLocker support team via email: support@digitallocker.gov.in

Q19 How can I provide any feedback/suggestions on DigiLocker

A19 You can send your feedback/suggestions via email. The email address to send your feedback and suggestions is support@digitallocker.gov.in

Q20 Whichbiometric devices are supported by DigiLocker to capture fingerprints?

A20 The list of biometric devices currently supported by DigiLocker to capture fingerprints is as below –

1. Cogent CSD200
2. Mantra MFS100
3. Morpho MSO 1350E
4. Morpho MSO 1350E2
5. Morpho MSO 1300E
6. Morpho MSO 300
7. Morpho MSO 301
8. Morpho MSO 350
9. MorphoMSO 351
10. SecuGen HU20
11. Startek FM220

Q21 What is the eSign service?

A21 eSign service is an easy, efficient and secure way of digitally signing electronic documents. With this service, any Aadhaar holder can digitally sign an electronic document without having to obtain a physical digital signature dongle. The signer is authenticated using Aadhaar eKYC services. You can use eSign service to digitally sign the self uploaded documents in DigiLocker as a method of self attestation. For more information on eSign service please visit Controller of Certifying Authorities website at http://www.cca.gov.in/cca/?q=eSign.html

Q22 What type of documents can be eSigned in DigiLocker?

A22 You can sign any document uploaded in your 'Self Uploaded Documents' section using eSign. DigiLocker currently allows pdf, jpg, jpeg, png, bmp and gif files to be uploaded to your account. These files are converted to pdf format while uploading.

Q23 Why does my digital signature appear as ‘Signature Not Verified’ in Adobe Acrobat Reader after eSigning a document?

A23 This may happen if the trusted root certificate list in your Adobe Acrobat Reader is not up to date. For this, please install the latest version of Adobe Acrobat Reader by downloading it from - https://get.adobe.com/uk/reader/. Then, open Adobe Acrobat Reader. Open Preferences dialog box by clicking ‘Preferences’ menu item in ‘Edit’ menu. Select ‘Trust Manager’ from ‘Categories’ list displayed on the left hand side. You will see ‘Automatic Adobe Approved Trusted Certificates Updates’ section on the right hand side in the Preferences box. Check ‘Load trusted root certificates from an Adobe server’ check box and click ‘Update Now’ button. This will update your trusted root certificate list. Now, restart Adobe Acrobat Reader and open your digitally signed document. Your digital signature should now appear as valid.

Tele : 25684645
Telefax : 011-25684946

Central Organisation ECHS
Adjutant General's
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-SC/AG/ECHS

02 Dec 2015

IHQ of MoD(AirForce)
IHQ of MoD (Navy)
IHQ South Comd(A/ ECHS)
IHQ East Comd (A/ECHS)

ACTION TO BE TAKEN BY RECORD OFFICES ON ISSUE OF TEMP SLIP IN LIEU OF SMART CARD

1. It is observed by this org that Records Offices are reluctant in making temp slip in lieu of smart card.

2. Contract with the card making company expired on 31 May 15. Procedure for identifying a suitable agency for restarting the card making operations has already been initiated. To identify a new agency for card making, RFP has been processed with MoD. This being a time consuming process it may take at least one year to resume the operation for card making, till then there is no other way except to work with temporary slips.

3. It is intimated that directions for preparation and issue of temp slips have been passed with due approval of AG. At this stage your kind cooperation is solicitated to run the scheme smoothly. In any case all applications for ECHS card are fwd to Records Offices for verification, accordingly to save duplicacy of effort and prevent undue delay the Record Offices have also been given auth to issue temp slips to new retirees during the process of discharge drill. Therefore, you are requested to continue the process of issuing temporary slip till a new firm is contracted to take over the responsibility of card making. Once new agency is contracted the procedure will revert back to pre 31 May 15, wherein the Record Offices would have to only verify the records.

4. You are requested to accordingly disseminate instructions to all Records Offices under your jurisdiction, so that the retires are not put to inconvenience on account of reluctance in making temp slips for availing med benefits from ECHS.

(DM Anand)
Col
Dir(Stats&Automation)
for MD ECHS

Copy to:

All Regional Centres

Internal

Ops&Coord
C&L
P& FC
Med

Telefax : 011-25684946
Email : diritechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-SC/AG/ECHS

14 Jul 2016

(All Regional Centres ECHS)

ACTIONS TO BE TAKEN BY REGIONAL CENTRES ECHS ON ISSUE TEMPORARY SLIP IN LIEU OF SMART CARD

1. Ref Central Organisation ECHS letter No B/49711-SC/AG/ECHS dt 07 Aug 2015.

2. Para 2(b) of Central Organisation ECHS letter mentioned at para 1 above be amended as under:

"The validity of Temporary slip in case has expired may be extended by 18 months from the date of issue or till resumption of Smart Card Project whichever is earlier"

(BR Salgotra)
Lt Col
Jt Dir (Stats&Automation)
for MD ECHS

Copy to:

IHQ of MOD (Navy)/DIRECHS (N)
Air HQ(SP), Dte of AV, Subroto Park
HQ Southern Command (A/ECHS) - Request disseminate to Stn HQs and Record Offices in your AQR
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS).
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)

Internal

Ops&Coord
Medical
C&L
P&PC
Claim Section

Tele : 25684645
Telefax : 011-25684946
Email: diritechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IntegratedHQ of MoD(Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-SC/AG/ECHS/Policy

03 Sep 2016

All Regional Centres ECHS

SIMPLIFICATIONOFPROCEDURE FOR PROCESSING ECHS APPLICATION

1. It has been observed that filling of ECHS Card applications for retirees who could not process applications before retirement requires authentication of PPO by Bank, which is a very tedious and time consuming process. In order to simplify the procedure, the following may be incorporated in the present procedure:

(a) **Signing of PPO by Bank for Authentication**. In order to simplify procedure, the signing of the PPO by Bank authorities may not be considered mandatory. The indl can attach self attested copy of PPO which is a standard procedure in the country and he can produce original copy of PPO at the time of submission of application for verification, if required.

(b) **Pension slip provided by CPPC online should suffice for verification of pension, DA and other details.** Pension slip may be accepted instead of certificate from bank.

2. Theprocedure may be amended accordingly to incorporated the above suggestions.

(DMAnand)
Col
Dir(Stats&Automation)
for MD ECHS

Copy to:

IHQ of MoD (Navy)/DIRECHS (N)
Air HQ (SP),
Dteof AV, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)

Request disseminate to Stn HQs and Record Offices in your AOR.

Internal

Ops & Coord
Medical C&L
P&FC

Tele : 25684645
Telefax : 011-25684946
Email: diritechs-inodanic.in

Central Organisation ECHS
Adjutant General's Branch
IntegratedHQ of MoD(Army)
Maude Lines
Delhi Cantt-110 010

B/49711-SC/AG/ECHS/Policy

14 Oct 2016

All Regional Centres ECHS
……..

ISSUE OF ADDITIONALTEMPORARY SLIP TO ECHS BENEFICIARY

1. Pleaserefer Central Organisation ECHS letter No. B/49711-SC/AG/ECHS dated 07 Aug 2015.

2. A comprehensive letter governing the issue of Temp Slip in place of Smart Card has already been issued vide above mentioned letter under ref. However, at present, the Temp Slips are being issued only to primary beneficiaries.

3. A number of representations are being received from ECHS beneficiaries that their dependents are facing problems in availing the ECHS facility especially when located at two different places, as one Temp Slip cannot be used at different places simultaneously. Hence, the beneficiaries are deprived of the authorised treatment.

4. In view of the above, it has now been decided to issue Additional Temp Slips to ESMs/their dependants on case to case basis. However, the following aspects must be considered while issuing the Addl Temp Slips:

(a) The Addl Temp Slip be issued to only those beneficiary whose requirement is genuine and the issuing authority is convinced of the genuineness of requirement.

(b) The Registration number of the Addl Temp Slip should be same as of the primary beneficiary's Temp Slip and a specific suffix A/B/C be added to Slip depicting the multiplicity of the Addl Slips i.e whether, it is first addl or second addl or third addl.

(c) A record of such Addl Slips must be maintained separately by the concerned issuing agency.

(d) The issuing authority must institute measures to ensure that the records of such Addl Slips are properly maintained and they are issued only after due verification of records and establishment of requirement beyond doubt by the issuing authority.

(e) It must be ensured that the Addl Temp Slip is issued after signature of at least two officers. Suggested officers at various issuing offices are:

(i)	Stn HQ	:	OIC Stn Cell ECHS and Adm Comdt.
(ii)	Regional Centres	:	Est Officer and Dir RC.
(iii)	Record Offices	:	OIC Sec/Gp and OIC Records.

5. Fwd for further action and dissemination please.

(DM Anand)
Col
Dir(Stats&Automation)
for MD ECHS

Copy to:

IHQ of MoD (Navy)/DIR ECHS (N)

AirHQ (SP), Dte of AV, Subroto Park

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
Request disseminate to Stn HQs and
Record Offices in your
AOR.
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)

Internal

Ops&Coord
Medical
C&L
P&FC

Tele : 25684645
Telefax : 011-25684946
Email : diritechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQof MOD(Army)
Maude Lines
Delhi Cantt-110 010

B/49711-SC/AG/ECHS

10 Feb 2017

IHQ of MOD(Navy)/DIRECHS (N)
Air HQ (SP), Dte of AV, Subroto Park
HQ Coast Guard
HOSouthern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQs Training Command AF, Bangalore
All Regional Centers ECHS

SELF ATTESTATIONFOR DEPENDENT SONS AND DAUGHTERS ABOVE 18 YEARS OF AGE FOR AVAILING ECHS BENEFITS

1. Pl ref ECHS membership form available for download on www.echs.gov.in wherein dependent details are endorsed in part II of the application.

2. In order to institute a check mechanism for preventing unauthorised dependents above 18 years of age availing ECHS facility, the following is directed:

(a) A self attested proforma as per format (Copy att) available for download in the download section of ECHS website shall be filled and rendered, wef 01 Mar 2017 by all beneficiaries who have dependent children above 18 yrs of age.

(b) The form will be self attested by primary beneficiary, dependent and the same shall be countersigned by the OIC of parent polyclinic.

(c) The validity of self attested proforma will be one year from the date of signature, on expiry of validity a fresh proforma shall be prepared.

(d) For availing treatment at empanelled hospitals, in addition to the ECHS Card, beneficiary would need to furnish a self attested copy of this document to the hospital.

3. All Comd HQs(A). Instructions to this effect may pl be communicated to all Polyclinics in your AOR.

4. Dir RCs. Directions to this effect are being passed to BPA so as to make this proforma a mandatory document for processing the Hospital's bills. All Dir RCs are requested to sensitize empanelled hospitals towards this, as also all OIC Polyclinics to ensure that this document is uploaded along with all reimbursement claims of individuals.

5. Forward for strict compliance please.

(Sanjeev Saroch)
Col
Dir(Ops&Coord)
for MD ECHS

Encls:- As above

Internal:

Ops&Coord
Med P&FC
C&L
Claim
Emp

Copy to:

M/s UTI-ITSL
UTI Bhawan,
Plot No.3, Sector 11
Mumbai
Maharashtra - 400614

1. You are requested to instruct all verifiers to ensurethat this document is verified. as an essential document while checking the bills of CBD Belapur, Navi dependents above 18 yrs of Age.

2. Hard copy submitted by Hospital must be cross checked with the copy uploaded alongwith the online bill

3. Request pass suitable directions and incorporate provisions in the online portal accordingly.

ECHS SELF ATTESTEDPROFORMAFOR DEPENDENT SON/DAUGHTER
ABOVE 18 YEARS OF AGE

1. It is certified that Master/Miss _____ whose LATEST SELF Photograph is appended is a bonafide dependent Son/Daughter of _____ ATTESTED No _____ Rank _____ Name _____ (Retired) with PHOTO

   ECHS Card No _____ PP SIZE

2. Particulars of Dependent Master/Miss _____
   (a) Date of Birth _____
   (b) AADHAR No _____
   (c) Address _____

3. It is also certified that Master/Miss _____ is not employed and is having no income.

4. It is also certified that Master/Miss _____ is not married.

Note- The self attested proforma along with countersignature of OIC parent ECHS Polyclinic, will be produced whenever required in ECHS Polyclinic/empanelled hospital by the beneficiary. The validity of the same will be one year from the date of signature, after which dependents need to prepare a fresh proforma. In case of any change in dependency, the primary card holder is responsible to cancel the membership of dependent immediately on occurrence. **Any false declaration/misuse of benefits will entail suspension/cancellation of ECHS membership**

_____ _____
(Signatureof Dependent) (Signatureof EXServiceman/ Primary Member)

Date: Place:

COUNTERSIGNEDWITH STAMP

Place: _____
Date: Signature
(OICParent Polyclinic)

Tele : 25684645
Telefax : 011-25684946
Email : jditechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-SC/AG/ECHS/Policy

05 Sep 2017

All Regional Center, ECHS

ECHS SELF ATTESTED PERFORMA FOR DEPENDENT SON/DAUGHTER ABOVE 18 YEARS OF AGE

1. The ECHS membership is being provided to the ex-servicemen and their dependents on the basis of service documents for future retirees and discharge book in respect of ex-serviceman. The ECHS beneficiaries are required to submit a self attested Performa every year for verification of eligibility in respect of dependent Son / Daughter above 18 years of age.

2. The self attested performs is verified by the OIC polyclinics with the documents provided by ex- servicemen like discharge book, Aadhaar Card and 10th Class certificate for verification of personal details and date of birth. However, instances have been reported where there is variation in personal details of dependent son/daughter in Aadhaar Card / 10th Class certificate from the details as available in the discharge book of the ex-serviceman.

3. The details as mentioned in discharge book in respect of ex-serviceman and their dependents is required to be matching with Aadhaar Card / 10th Class Certificate. Record Offices / Units while publishing Part - II Order / Personal Occurrence Reports are required to ensure that the details submitted by service personnel / ex-serviceman for Part II order are matching with the Aadhaar Card / 10th Class Certificate / Date of Birth Certificate issued by Registrar of Births and Deaths to obviate any problems at a later stage.

4. It will be responsibility of Ex-serviceman to ensure that correct data is entered by appropriate procedure of publication of Part-II orders correctly as data with Record Offices will be 'Base Data' for ECHS purpose.

5. The contents of this letter be published / circulated to the environment for information of all concerned so as to process their case in advance for any correction required with respect to personal details of their dependents.

(BR Salgotra)
Lt Col
Offg Dir (Stats & Automation)
for MD ECHS

Station Cell (ECHS) - wrt your letter No 5307/ECHS/Gen Corr/A(1) dt 04 Aug 2017.
Bareilly Cantt – 243001 dt 04 Aug 2017.
C/O 56 APO

Copy to:

IHQ of MoD (Navy)/DIR ECHS(N)
IHQ of MoD (Air Force)
HQ of AV HQ Southern Comd (A/ ECHS)
HQ Eastern Comd (A/ ECHS)
HQ Western Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ South Western Comd (A/ECHS)

Request disseminate to Stn HQs & Record Office in your AOR

Tele: 011-25684645
Telefax: 011-25682392 Email:
jditechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
DelhiCantt -110010

23 Jan 2018

B/49711-NewSmartCard/AG/ECHS

All Regional Centers

Army HQ (MP-8), WestBlock –III RK
Puram, New Delhi

Army HQ (MP-5 & 6), West Block –III RK
Puram, New Delhi

IHQ of MoD
(Navy) DOP (OA & R)/OPF
Sena Bhawan, New Delhi - 11

Directorate of AirVeterans – II & III
Subroto Park, New Delhi - 10

Coast Guard Veteran Cell, Coast
Guard HQs, New Delhi

Bureauof Sailors Sion,
Trombay Road
Mankhurd, Mumbai - 400088

Bureau of Naviks, Cheetah
Camp, Mankhurd Mumbai -
400 088

STOPPINGOF ACCEPTANCE OF PHYSICAL SMART CARD APPLICATIONS

1. The Online Application of ECHS Smart is being to be launched on 14 Jan 2018 by Hon'ble RRM on Veteran's Day. Whenever any ECHS beneficiary applies for the card in ‘online mode and completes the process, he/she will be able to get a printed receipt which will be a valid document for availing ECHS facilities till the time ‘Smart Card' is made available by the concerned Stn HQ. The individual will be intimated by SMS on his given mobile number about card reaching the Stn HQ which has to be collected within 30 days failing which printed receipt will be invalid.

2. With the launch of the Online Smart Card Application, acceptance of physical applications at Record Offices, Regional Centres and Station HQs is to be stopped with effect from **15 Feb 2018**.

3. Since, the preparation of Smart Card would take some time, it is proposed that, in extreme emergent cases where the officer-in-charge of current card making ECHS authority feels that non-issue of Temporary Slip will be life threatening for the ECHS beneficiary, he may issue Temporary Slip (with initial validity of two months) at his discretion. However, the beneficiary be categorically apprised that the Temporary Slip has been issued as an exceptional case in order to provide immediate medical relief to the suffering member and the requirement of filling online application is mandatory for all such ECHS members.

4. For Regional Centres only. Please disseminate contents of this letter to all Stn HQs in your AoR by fastest means for immediate action.

5. For MP-8 only. Please disseminate contents of this letter to all Record Offices of the Army by fastest means for immediate action.

6. This letter supersedes all the letters issued by this organisation prior to this date on subject.

(Rakesh Sharma)
Col
Jt Dir (Stats & Automation)
for MD ECHS

Copy to:

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ ECHS)
HQ East Comd (A/ ECHS)
HQ West Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQCentral Comd (A/ECHS)
HQSouth West Comd (A/ECHS)

Internal:

All Sections

Tele: 011-25684645
Telefax: 011-25682392
Email: jditechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IntegratedHQ of MOD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49711-NewSmartCard/AG/ECHS

31Jan 2018

All Regional Centers

Army HQ (MP-8), West Block - III RK Puram, New Delhi

Army HQ (MP-5 & 6), West Block -III RK Puram, New Delhi

IHQ of MoD (Navy) DOP (OA & R)/OPF
Sena Bhawan, New Delhi - 11

Directorate of Air Veterans -II & III Subroto
Park, New Delhi - 10

Coast Guard Veteran Cell Coast
Guard HQs, New Delhi

Bureauof Sailors Sion,
Trombay Road
Mankhurd, Mumbai - 400088

Bureauof Naviks, Cheetah
Camp, Mankhurd
Mumbai – 400088

SIGNINGOF ONLINE GENERATEDTEMPORARY SLIP FROM ONLINE SMART CARD APPLICATION

1. Referthis organisation letter No. B/49711-NewSmartCard/AG/ECHS dated 23 Jan 2018.

2. In the newsystem all the applicants, except old card holders are being issued online generated temporary slip with details of each family member of the applicant. A sample of the online generated temporary slip is attached for reference.

3. The online generated temporary slip is to be activated by the OIC Parent Polyclinic. He will sign the Temporary Slip after verifying any of the following documents:

   (a) PPO/ Pension Book of ex-serviceman / family pensioner.

   (b) ServiceBook / Discharge Book of ex-serviceman / family pensioner.

   (c) Dateof birth of dependents as perdischarge book / dependent cards.

4. The Temporary Slip will be valid for a period of three months from the date of issue. The validity of the temporary slip subsequently can be extended further for periods of three months at a time only after checking the online status of the application.

5. The online generated temporary slip as well as the old temporary slip or old card as the case may be is required to be submitted at Stn HQ, at the time of collection of New Smart Card.

6. For Regional Centres only. Please disseminate contents of this letter to all ECHS Polyclinics and Stn HQs in your AoR by fastest means for immediate action.

7. For MP-8 only. Please disseminate contents of this letter to all Record Offices of the Army for information.

8. This letter supersedes all the letters issued by this organisation prior to this date on subject. land

(Rakesh Sharma)
Col
Jt Dir (Stats&Automation)
for MD ECHS

Encls : One

Copy to:

IHQ of MOD (Air Force)
IHQ of MOD (Navy)
HQ South Comd (A/ ECHS)
HQ East Comd (A/ ECHS)
HQ West Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ South West Comd (A/ECHS)

Internal:

All Sections

Tele: 011-25684645
Telefax: 011-25682392
Email: jditechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49711-NewSmartCard/AG/ECHS

12Mar2018

All Regional Centers

Army HQ (MP-8), West Block - III RK Puram, New Delhi

Army HQ (MP-5 & 6), West Block - III RK Puram, New Delhi

Army HQ, DGMS (Army)/MPRSO, L Block Room No. 118A,
North Block, New Delhi

IHQ of MoD (Navy) DOP
(OA & R)/OPF
SenaBhawan, New Delhi - 11

Directorate of Air Veterans - II & III Subroto
Park, New Delhi - 10

Coast Guard Veteran Cell, Coast Guard HQs, New Delhi

The Logistics Officer-in-Charge (for staff Officer ECHS)
Naval Pension Office
C/O INS Tanaji, Sion, Trombay Road
Mankhurd, Mumbai - 400088

Bureau of Naviks, Cheetah Camp,
Mankhurd Mumbai - 400 088

ISSUE OF OFFLINE TEMPORARY SLIPS
FORONLINE SMART CARD APPLICANTS

1. Refer this organisation letter dated 23 Jan 2018 and 31 Jan 2018. No. B/49711- NewSmartCard/AG/ECHS

2. The Physical Applications for ECHS membership have been stopped with effect from 15 Feb 2018. In the new system, applicants of other than old card category and first time applicants are being provided online generated temporary slip. These temporary slips being activated by OIC Parent Polyclinic after verification of documents of the applicants.

3. Thefollowing category of applicants are not being issued with online generated temporary slips:

(a) Pre 1996 retiree (First Time Applicant).
(b) 01 Jan 1996 to 01 Apr 2003 retiree (First Time Applicant).
(c) Post 2003 retiree not a member yet (First Time Applicant).
(d) 16 Kb / 32 Kb Card Holders.

4. The category of applicants as listed above in Para 3 (a) to (c) will be provided Temporary Slip only after successful verification of their online application by their respective Record Office. However, temporary slip in respect of Old Card Holders will not be generated since they are already in possession of ECHS Smart Cards and shall continue to use the same.

5. A number of instances have been reported where first time applicants or their dependents are in need of emergency treatment and have filled online application. However, they are not able to åvail ECHS facilities due to non-availability of Online Generated Temporary Slips, since their applications are awaiting verification by Record Offices. There is no certainty regarding the period for verification of online application by Record Office as it depends upon the quantum of load and availability of man pow at the Record Office and registration of digital signatures by various Record Offices.

6. Further, instances have also been reported where temporary slips have been prepared for the dependents of old card holders due to multiple reasons like loss of card, defacement of card, addition of dependent etc. Since, temporary slips are not being generated for the applicants of Old Card Category, the individuals are facing problem in availing ECHS facilities for the dependents who are in possession of validity expired temporary slips or have added dependents for the first time and are in requirement of emergency treatment. Although there is a policy that no eligible beneficiary be denied treatment for want of temporary slip, however, there are no clear instructions from this organisation for such type of cases and OIC Polyclinics are denying them to avail ECHS facilities.

7. In order to obviate the above difficulties being faced by the ECHS beneficiaries. It has been decided that the ECHS Regional Centre / Station HQ are authorised to issue offline Temporary Slip (as per attached format). The following guidelines to be complied while issuing with offline Temporary Slip:

(a) The temporary slip will only be issued to the individuals who have applied online for ECHS Smart Card.

(b) Temporary Slip will be issued only for the member who is in requirement of medical attention after verification of service records and medical reports held with the applicant.

(c) The temporary slip to be given with same registration number as being generated while filling online application.

(d) These temporary slips will be issued with an initial validity of one month which can subsequently be extended for a period of another month as per the progress of the applicant's online application.

(e) The temporary slip will be activated by OIC Polyclinic.

8. The old validity expired temporary slips or old card (non-functional) as the case may be is required to be withdrawn from the beneficiary, at the time of issue of offline
Temporary Slip.

9. In addition, Temporary Slips of future retirees/Death in Service cases issued by their Record Offices or Online Generated Temporary slips for both the categories will also be activated by OIC Polyclinic without asking for PPO after ascertaining the credentials with their Discharge / Service Book. **Temporary slips in respect of future retirees will be activated only after their date of retirement**.

10. **For Regional Centres only.** Please disseminate contents of this letter to all ECHS Polyclinics and Stn HQs in your AoR by fastest means for immediate action.

11. **For MP-8 only**. Please disseminate contents of this letter to all Record Offices of the Army for information.

(PK Parekh)
Maj
Jt Dir (Stats & Automation)
for Dir (Stats & Automation)

Encls : One

Copy to:

IHQ of MOD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ ECHS)
HQ East Comd (A) ECHS)
HQ West Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQ Central Comd(A/ECHS)
HQ South West Comd (A/ECHS)

Internal:

All Sections

Registration No.....

OFFLINETEMPORARY SLIP
EX SERVICEMEN CONTRIBUTORY HEALTH SCHEME (ECHS)

1. Received documents from No.....Rank.....Nametowards application for membership of Ex-Servicemen Contributory Health Scheme (ECHS):

2. **Pension Payment Order No (ECHS NO) :-**

(Attach photocopy)

4. Category of Ward ( ) Force Type :

Private	Semi Private	General

5. Regiment/Unit: ----------
6. Address with State and Pin Code: ----------
8. Dateof Birth: ----------9. Date of Retirement:_ ----------
7. Mobile No: ----------

10. Parent Polyclinic of Pensioner ----------MRO No---------- (if applicable)
11. Card Charges @ Rs. 1771- paid Rs. VALID UPTO ----------Vide Transaction ID ----------
-
12. Valid Upload ----------

Place: ---------- Office Seal Signature ----------
Date: ---------- (Stamp with Rank, Name& Appointment, Officer issuing Temporary Slip in lieu of Smart Card)

All photographs to be stamped by issuing Officer.

PENSIONER	SPOUSE	DEPENDENT	DEPENDENT
Name:----------	Name: ----------	Name:----------	Name:----------
Dateof Birth: ----------	Dateof Birth: ----------	Dateof Birth: ----------	Dateof Birth: ----------
Aadhar No ----------	Aadhar No ----------	Aadhar No ----------	Aadhar No ----------
DEPENDENT	DEPENDENT	DEPENDENT	DEPENDENT
Name:	Name:	Name:	ame: .....
Date of birth: ----------	Date of Birth: ----------	Date of Birth: ----------	Dateof Birth: ----------
Aadhar No ----------	Aadhar No ----------	Aadhar No ----------	Aadhar No ----------

13. **ACTIVATION BY**
Place: ----------
Signature Seal.....
Date ---------- (Stampwith Rank, Name & Appointment, OICParent Polyclinic)

Notes:

1. This original receipt is required to be returned at the time of collection of Smart Card (s). Receipt will not be destroyed. This will be filed along with the original Application Form.
2. **NoSmart Card will be issued if this receipt in original is not produced and final verification by Central Org ECHS**.
3. **Record Office** will retain this receipt after checking the Application Form till retirement of the individual.
4. **Stoppage of FMA and deposition of contribution (MRO) as applicable to be ensured prior to issue of this receipt to pre 01 Apr 2003 retirees by Regional Centre ECHS.**
5. **This receipt will be issued only on verification of original PPO and discharge book for old retirees who are not in possession of old Cards.**
6. **TheOriginal Receipt is valid up to a maximum ofTHREE MONTHS from the date of issue**.
7. Slip will be considered activated only after signatures of OIC Parent Polyclinic.
8. Aadhar verification to be ensured by Polyclinics.
9. Oldcards/temp receipts will be returned.

Date: ---------- ----------
Signature of ESM / Family Pensioner

Tele : 25684645
Telefax : 011-25682392
Email: jditechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IntegratedHQ of MoD(Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

14 Aug 2018

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ ECHS)
HQ East Comd (A/ ECHS)
HQ Central Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQSouth West Comd (A/ECHS)

SIGNING OF ONLINE GENERATEDTEMPORARY SLIP FROM ONLINE SMART CARD APPLICATION

1. Ref this organisation dated 31 Jan 2018.

2. Instructions had been issued for signing of online generated temporary slip by OIC Parent Polyclinics. However, the authority for activation of Online Generated Temporary Slip in case of Type 'E' Polyclinics which have been made operational under affiliation with other Polyclinics will rest with the SO ECHS of the concerned Stn HQs under whose AoR the Type 'E' Polyclinic is located.

3. The conditions for activation of temporary slip will remain same as stipulated vide this organisation letter dated 31 Jan 2018.

4. The contents of this letter be disseminated to all Stn HQs under your AOR.

(RakeshKakar Col)
Retd Jt Dir
(Stats&Automation)
for MD (ECHS)

Copy to:

All Regional Centre - For information.

……..

Tele : 25684645
Telefax : 011-25684946
Email: diritechs-inodanic.in

Central Organisation ECHS
Adjutant General's Branch
IntegratedHQ of MoD(Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-IT/AG/ECHS

13 Sep 2018

IHQ of MoD(AirForce)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd(A/ECHS)
HQ Central Comd(A/ECHS)
Northern Comd(A/ECHS)
South West Comd(A/ECHS)
All Regional Centres

HANDING OVER OFECHS SMART CARD TOECHS BENEFICIARIES

1. 64 KB Smart Card is being filled 'online' followed by 'online' verification before the data goes to the Card making company to print & dispatch the Cards. Contracting company dispatches the Smart Cards to Regional Centres in Station Headquarter packets. Regional Centres dispatch these Stn HQ packets to Stn HQs.

2. Once the Cards are received at Station Headquarters, these have to be accounted for. SMS is sent to the beneficiary alongwith OTP to come & collect Card at the Stn HQ. Once OTP is 'fed' into the system, activated card is handed over to the beneficiary for use.

3. Station Headquarters are currently responsible not only for issue of new Smart Cards but also to collect old cards/temp slips besides physical verification of all beneficiaries as this is the only stage when physical presence is being used for authentication.

4. A number of Ex-Servicemen have represented that they are finding it inconvenient to take all the beneficiaries to the dependent Station Headquarters for collection of ECHS Cards besides Station Headquarters being far off from their place of residence.

5. The competent authority has approved the following for collecting new 64 Kb Cards from respective Station Headquarters :

(a) The primary beneficiary can collect his own card and the cards of his dependents from Station Headquarters.

(b) The primary beneficiary will be responsible to handover all the old Cards/Temp Slip as applicable to Station Headquarters while collecting the Cards of self and dependents.

(c) The primary beneficiary will be responsible to produce required documents to establish that the dependents are entitled for the ECHS Card.

(d) The Station HQ can also distribute the Cards at Polyclinic on specified days/dates and any nominated location on a pre announced date, as per the procedure laid down for online endorsement & accounting of Cards & documents.

6. Option of video call based verification using mobile, if needed, could also be utilized.

7. Station Headquarters will continue to remain responsible for accounting.

8. Regional Centres to fwd a copy of this letter to all Station Headquarters covering their Polyclinics.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to :

Directorate of Air Veterans
: Subroto Park, New Delhi-10

Coast Guard Veterans Cell,
Coast Guard HQs, New Delhi

DIAV/DESA

HQ DG NCC, West Block-IV RK
Puram, New Delhi

Internal

All Sections

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Maude Lines,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

03 Oct 2018

IHQof MoD(AirForce)
IHO of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQSouth West Comd (A/ECHS)

All Regional Centres

PROCEDURE FOR GENERATION OF LOST / NOT RECEIVED OTP SMS FOR COLLECTION OF SMART CARD AT STN HQ

1. Reference instructions for Online Smart Card Application (Version 6.0).

2. Suitable software patch has been developed and installed in the smart card application to tide over the problem of lost/not received OTP for issue of 64 Kb cards.

3. In the Station Headquarter Console for smart card application the following three additional tabs have been added:

   (a) Request for OTP
   (b) PendingOTP request
   (c) ApprovedOTP request

4. When the Primary Beneficiary approaches the Stn HQ, that he has not received OTP/deleted OTP, then the Stn HQ to request for OTP by entering the registration number. On sending the request it gets into pending OTP request and simultaneously request is visible to Dir and JD(Est) of respective Regional Centres. As on approval of JD(Est) the OTP is visible to the Station HQ'S under tab approved OTP. The OTP can now be used by the Station Headquarter for issue of Cards.

(RakeshKakar)
Col Retd
Jt Dir (Stats &. Automation)
for MD ECHS

Copy to :

Directorate of Air Veterans
Subroto Park, New Delhi –
10 Coast Guard Veteran
Cell, Coast Guard HQs,
New Delhi

NDIAV/DESA

HQ DG NCC, West Block –IV
RK Puram, New Delhi

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov. in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Maude Lines,
Delhi Cantt- 110 010

B/49711-IT/AG/ECHS

05 Nov 2018

(All Record Offices (Army, Navy &Airforce)
MP-5/6 MP-8
Coast Guard

VERIFICATION OF ONLINE APPLICATION FOR ECHS CARDS BY RECORD OFFICE

1. The process of making of new 64 Kb ECHS Card by an EX-Servicemen is initiated by the ESM by filling an online application form. ESM fills full details of self and dependents and uploads the required documents and photographs. Then ESM is required to make online payment through the payment gateway. After payment is made the application is visible to respective Record Offices for verification.

2. The application is verified by the Record Office after which there is no human intervention and the Cards are automatically printed. Hence, incase incorrect data is uploaded erroneously by the ESM and the same is verified by respective records then the Card is printed with wrong data e.g. Date of Birth, name etc. Once the ECHS Card with wrong data is used by the beneficiary in case of emergency, ESM may be for once denied treatment/admission by an empanelled hospital, which may have sever repercussion leading to litigation.

3. A large number of complaints have been received from the environment where new 64 Kb Cards have been printed with wrong data. It is reiterated that although the onus to fill online application for ECHS Card correctly is with the ESM but from the organizational point of view Record Office is the final authority to verify the correctness of all data including photo, PPO etc.

4. In view of the above, it is requested that Records Offices may please ensure that all fields in the application form filled by the ESM for new 64 Kb ECHS Smart Card be scruitinized with delibration to ensure error free verification.

5. This letter may please be put up to respective CROS.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Tele : 25684645
Telefax : 011-25684946
Integrated HQ of MoD (Army) Maude Lines
Delhi Cantt- 110 010

Central Organisation ECHS
Adjutant General's Branch

B/49711-DBT/AG/ECHS

09 Nov 2018

M/s Source DOT Com Pvt
Ltd 39/40, Shiv Vihar
West, Vikas Nagar,
Vikaspuri,
New Delhi-110059

EXCEPTION HANDLING MEASURES FOR AADHAR CARD DUE TO NON CAPTURING OF BIOMETRICS OF AGE RELATED ISSUES OR MEDICAL CONDITION OF THE INDIVIDUALS / NRI CASES

1. Refer to this office letter No B/49779-Outsourcing/AG/ECHS dated 03 Oct 2017 (copy attached).

2. It is intimated that the following exception handling measures will be adopted for the individuals who are not able to make their Aadhar Card due to non capturing of biometrics details because of age related issues or medical condition of the individuals:

(a) Provision will be made in the online application for uploading of duly filled enrolment form for Aadhaar registration.

(b) Uploading of screen shot of the biometrics rejection by the Aadhaar making software.

(c) Separate electronic register will be maintained for all cards manufactured alternative identification documents and periodically reviewed / audited.

(d) In those cases where Aadhaar cannot be made, following documents can be accepted as an exception handling measures as per draft Notification under Aadhar Act:

(i) ECHS Smart Card/Temporary Slip; and

(ii) Discharge/Service book or, Pension Payment Order (PPO) or, PAN, DPDO Certificate, Passbook with PPO Number and Pension book; and

(aa) If she/he has enrolled, her/his Aadhar Enrolment ID slip; or

(ab) A copy of her/his request made for Aadhar enrolment, as specified in sub-paragraph (1) of paragraph 2; or

(ac) A copy of his/her screenshot of the biometric rejection by the Aadhar making software; or

(ad) A medical certificate from a Med specialist/CMO/Service Hospital where the beneficiary is totally bedridden.

(ii) Any one of the following documents:

(aa) Voter Identity Card issued by the Election Commission or India; or

(ab) Driving License issued by the Licensing Authority under the Motor Vehicles Act, 1988 (59 of 1988); or

(ac) Certificate of identity having photo of such individual issued by a Gazetted Officer or a Tehsildar on an official letter Head;

(ad) Permanent Account Number (PAN) Card issued by the Income Tax Department; or (ae) Passport; or
(af) Ration Card; or

(ag) Bank Passbook or Post Office passbook with photo; or (ae) Any other document specified by the department.

3. NRI cases who are eligible ECHS members - NRI's are required to submit, 'Identity Proof' preferably passport, NRI status proof and proof of foreign address to enable them to apply for Smart Card or avail ECHS benefits. Verification of such cases will be done by respective Record offices as well as Central Org, ECHS.

4. Theonline application for ECHS Smart Card to be modified as per above instructions.

(PKParekh)
Maj
JtDir(Stats&Automation)
for MD ECHS

Copy to:

IHQof MoD(AirForce)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS) - Request disseminate to Stn
HQs & HQ East Comd (A/ECHS) Record Office in your AOR
HQ West Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ South West Comd (A/ECHS)
HQ SFF & HQ Coast Guard

All Regional Centre ECHS

Internal
All Sections - S & A Section to upload on ECHS Website

.

Tele : 25684645
Telefax : 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Delhi Cantt- 110 010

B/49779-Outsourcing/AG/ECHS

03 Oct 2017

M/s UTI-ITSL
UTI Bhawan, Plot No.3, Sector
11 CBD Belapur, Navi Mumbai
Maharashtra - 400614

ENDORSINGOF AADHAAR NUMBERON REFERRALS

1. Furtherto our letter No. B/49779-Outsourcing/AG/ECHS dated 20 Sep 2017

2. Based on number of representations received from various Regional Centres, the following modifications in the referral generation process will be carried out:

(a) Under exceptional situations wherein if the OIC Polyclinic is convinced that even in the absence of Aadhaar Card, a referral is required to be issued, the OIC Polyclinic will endorse his remarks justifying the issue of referral without Aadhaar Card and referral may be generated.

(b) However, it shall be the responsibility of the OIC Polyclinic to ensure that Aadhaar number is entered in that claim ID within next 30 days of issue of such referrals and in no circumstances next referral to such individuals will be issued without Aadhaar details.

(c) UTI-ITSL to ensure that a trail of such referrals is maintained and a check box is created which can be selected by the OIC Polyclinic for issue of referrals even in the absence of Aadhaar details. UTI-ITSL to display the guidelines enumerated above for OIC Polyclinic and systematically ensure that Aadhaar details are captured as per above mentioned instructions.

3. Inaddition, UTI-ITSL to create following exceptions in the referral generation module:

(a) NepalDomicile Gorkhas (NDG) are exempted from submitting Aadhaar details.

(b) Polyclinics under RC Guwahati and Polyclinics under RC Jammu (in the state of J&K) are also exempted from submitting Aadhaar details till further orders.

4. Theseguidelines be implemented with immediate effect

5. This has the approval of MD, ECHS.

(BRSalgotra)
Lt Col
Jt Dir (Stats & Automation)
for Dir (Stats & Automation)

Copy to:

All Regional Centres - You are requested to disseminate these instructions to all Polyclinics in your jurisdiction.

Internal:

Ops & Coord
P&FC
C&L
Med

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Maude Lines,
Delhi Cantt- 110 010

B/49711-IT/AG/ECHS

05 Dec 2018

IHQ of MoD (AirForce)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters
All Regional Centres

DISPLAY LIST OF ESM AND BENEFICIARIES AT POLYCLINICS AFTER RECEIPT OF SMART CARDS AT STATION HEADQUARTERS

1. The new 64 Kb ECHS Cards are received at Station HQs in respect of their dependant polyclinics. At Station HQ's, the OIC, ECHS after checking each Card physically, acknowledges receipt online to respective Regional Centre and then forwards OTP to the beneficiary on his registered mobile number. Once the OTP is sent, the beneficiaries online application form also shows OTP sent and Card ready for collection. However, to further facilitate dissemination of information that Cards are ready for collection, the competent authority has approved that a list of beneficiaries will be displayed polyclinic wise at the notice board of polyclinics whose Cards have been received at the Station HQ.

2. In view of the above, Station HQ's are requested to download the list of beneficiaries when Cards are received at the Station HQ. A soft copy of the list, polyclinic wise be forwarded to respective polyclinics and at the polyclinic the OIC to take a print out of the beneficiaries whose Cards are ready for collection at the Station Headquarters and display it on the notice board.

Rakesh Kakar
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to –

Directorate of Air Veterans
Subroto Park, New Delhi-10

HQ SFF

Coast Guard Veterans Cell,
Coast Guard HQs, New Delhi

DIAV/DESA

HQ DGNCC, West Block-IV
RK Puram, New Delhi

MP-5/6
MP- 8

INTERNAL

All Section

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

19 Dec 2018

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters
All Regional Centres

UTILISATION OF ECHS SERVICES BEYOND 31 DEC 2018

1. Refer to Central Organisation, ECHS, letter No. B/49711- New smartcard Aug2018.letter No B/49711

2. At present, approximately 52 Lakh beneficiaries are dependant on ECHS. To utilize the benefits of ECHS, these beneficiaries have been issued with different type of documents with different validity dates and in few cases beneficiaries do not hold any authorized document. Various categories of beneficiaries based on document's status are as under:

(a) New 64 Kb ECHS Smart Card obtained.

(b) New 64 Kb ECHS Smart Card applied successfully but cards awaited.

(c) 32 Kb ECHS Smart Card holder and not yet applied for new 64 Kb ECHS Card due to 32 Kb ECHS Card not completed 10 years from date of issue.

(d) NRIs who have yet to apply for new 64 Kb Cards.

(e) ECHS beneficiaries, who could not apply for new 64 Kb ECHS Card due to Aadhar Card not possible to be made for them.

(f) Applied for New 64 Kb ECHS Smart Card but application under observation.

(g) Temporary Slip holder and not applied for new 64 Kb Cards.

(h) 16 Kb Card holders not applied for new 64 Kb Cards.

3. To sensitize the environment with the status and verification process of various Cards/documents/cases listed above, case by case information is provided in the succeeding paragraphs

4. **New 64 Kb ECHS Smart Cards Obtained.**

(a) The new 64 Kb Cards issued to the beneficiaries are preactivated Cards. A Kiosk is being installed with necessary software Pan India in a phased manner to automate the Smart Card process at polyclinics. ECHS services will continue to be provided to such category of persons.

(b) Polyclinics where the new equipment is not yet installed, 64 Kb Cards will keep getting their entitled treatment and these Cards to be used as visual identity and handled as Temporary Slip to provide ECHS treatment including referral of beneficiary to empanelled hospitals. In case an individual who has collected new 64 Kb Card and wants to change the data or has already lost it, then a provision has been created online to fill up online application for loss of 64 Kb Card/change in data.

(c) **New 64 Kb ECHS Smart Card Applied Successfully but Cards Awaited.** These category of beneficiaries have the facility to down load temporary slip once they login using their login credentials. These temporary slips are now valid for six months in first stage and have to be authenticated by the OIC of their Active parent polyclinic. In case for some reason, the new 64 Kb Cards do not reach the beneficiary in six months then temporary slip can be further extended by another three months by the OIC parent polyclinic. These temporary slips all entitled treatment. After receipt of Cards, these category of persons will utilize the facilities as per Para 4 above.

(d) **32 Kb ECHS Card Holders & Not Yet Applied for 64 Kb Cards.** All 32 Kb Cards are valid for 10 years from date of issue. This category will continue getting their entitled treatment till these Cards are valid. They will have to apply for 64 Kb Cards, at least six months prior to the termination of 10 yr validity period. Subsequent treatment will depend on lines of 64 Kb Card holder as at Para 4 above. These persons can apply for new 64 Kb Cards earlier than completion of 10 year validity period.

(e) **NRIs who have Yet to Apply for New 64 Kb Cards.** These category of beneficiaries can apply for new 64 Kb Card online as an exception is being created in the Online Application module for these category of beneficiaries. This is likely to be available online by 31 Dec 2018. In this connection please refer to Central Org, ECHS letter No B/49711-DBT/AG/ECHS dated 09 Nov 2018 (Copy attached for ready reference). These persons must apply at the earliest but not later than 30 Jun 2019. Their current membership Card will be valid till 30 Jun 2019.

1.

(f) **ECHS Beneficiaries, who could Not Apply due to Aadhar Card Not Possible to be Made.** These category of beneficiaries who are unable to prepare Aadhar Card due to age related issues or medical condition of the individual will be governed as per Central Organisation letter No B/49711- DBT/AG/ECHS dated 09 Nov 2018 (Copy attached). A provision for the same is being made for online application by 31 Dec 2018. These persons must apply at the earliest but not later than 30 Jun 2019. Their current membership Card will be valid till 30 Jun 2019. While they can apply till 30 Jun 2019, they must come to polyclinic for treatment alongwith Non feasibility of 'Aadhar generation certificate' after 31 Mar 2019.

(g) **Applied for New 64 Kb Smart Card but Application Under Observation.** These category of beneficiaries will fall under the following categories :

(i) 32 Kb Card holder will keep getting his entitled medical benefits based on his 32 Kb Card.

(ii) Temporary Slip holder to get his temporary slip extended by another three months from the OIC parent polyclinic to get entitled medical benefits. However, the beneficiary should get his observations cleared on priority They will be ineligible if the observations are not rectified by 31 Mar 2019.

(iii) 16 Kb Card holder can down load temporary slip online which will be valid for six months. This temporary slip has to be validated by the OIC parent polyclinic. However, the beneficiary should get all observations cleared on priority and must be settled latest by 31 Mar 2019.

5. **Temporary Slip Holder and Not Applied for New 64 Kb Cards.** All Temporary Slip holders to apply for new 64 Kb ECHS Card on priority. Any ESM approaching Polyclinics for medical treatment will be required to first fill the Online Application for 64 Kb Card at the Facilitation Centre of the Polyclinics & then avail the facilities. Observation in Online Application, if any should be cleared latest by 31 Mar 2019.

6. **16 Kb ECHS Card Holder and Not Yet Applied for New 64 Kb ECHS Card.** 16 Kb ECHS Cards will expire on 31 Dec 2018. All 16 Kb Card holders wef 01 Jan 2019 on approaching ECHS polyclinics to avail any medical facility will up online application for new 64 Kb Card at the Facilitation Centre located at the polyclinic. On successful filling up of the online application, provision will be made to enable down loading of a temporary slip which will be valid for six months after countersignature from OIC, parent polyclinic. The beneficiaries will be able to get entitled medical cover on production of temp slip and 16 Kb Card. The process of filling up of online application and clearing of observation if any should be completed latest by 31 Mar 2019.

7. In case beneficiary is a case of emergency, he/she will be allowed treatment subject to his/her being authorized ECHS member at the discretion of OIC Polyclinic after due deliberation. All actions pertaining to new 64 Kb Card making can follow subsequent to medical examination &/or treatment.

8. This information may be disseminated to the environment for information of all ECHS beneficiaries. All Regional Centres will ensure that all polyclinics under them are informed on priority.

(RakeshKakar)
Colonel (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to:

Directorate of Air Veterans-III
Subroto Park, New Delhi-
110010

Coast Guard Veterans
Cell, Coast Guard HQ
New Delhi,

DIAV/DESA

HQDGNCC, West
Block-IVRKPuram,
New Delhi

Internal :

All Sections - S & A Section to upload an ECHS website and instr UTI to fwd to all empanelled hospitals.

Tele : 25684645
Telefax : 011-25684946
Email : jditechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt- 110 010

B/49711-DBT/AG/ECHS

09 Nov 2018

M/s Source DOT Com Pvt Ltd
39/40, Shiv Vihar
West, Vikas
Nagar, Vikaspuri,
New Delhi-110059

EXCEPTION HANDLING MEASURES FOR AADHAR CARD DUE TO NON CAPTURING OF BIOMETRICS OF AGE RELATED ISSUES OR MEDICAL CONDITION OF THE INDIVIDUALS / NRI CASES

1. Refer to this office letter No B/49779-Outsourcing/AG/ECHS dated 03 Oct 2017 (copy attached).

2. It is intimated that the following exception handling measures will be adopted for the individuals who are not able to make their Aadhar Card due to non capturing of biometrics details because of age related issues or medical condition of the individuals:

(a) Provision will be made in the online application for uploading of duly filled enrolment form for Aadhaar registration.

(b) Uploading of screen shot of the biometrics rejection by the Aadhaar making software.

(c) Separate electronic register will be maintained for all cards manufactured with alternative identification documents and periodically reviewed / audited.

(d) In those cases where Aadhaar cannot be made, following documents can be accepted as an exception handling measures as per draft Notification under Aadhar Act:

(i) ECHS Smart Card/Temporary Slip; and

(ii) Discharge/Service book or, Pension Payment Order (PPO) or, PAN, DPDO Certificate, Passbook with PPO Number and Pension book; and

(iii) (aa) If she/he has enrolled, her/his Aadhar Enrolment ID slip; or

(ab) A copy of her/his request made for Aadhar enrolment, as specified in sub-paragraph (1) of paragraph 2; or

(ac) A copy of his/her screenshot of the biometric rejection by the Aadhar making software; or

(ad) A medical certificate from a Med specialist/CMO/Service Hospital where the beneficiary is totally bedridden.

(iv) Any one of the following documents:

(aa) Voter Identity Card issued by the Election Commission or India; or

(ab) Driving License issued by the Licensing Authority under the Motor Vehicles Act, 1988 (59 of 1988); or

(ac) Certificate of identity having photo of such individual issued by a Gazetted Officer or a Tehsildar on an official letter Head; or

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(ae) Passport; or

(af) Ration Card; or

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3. NRI cases who are eligible ECHS members - NRI's are required to submit, 'Identity Proof" preferably passport, NRI status proof and proof of foreign address to enable them to apply for Smart Card or avail ECHS benefits. Verification of such cases will be done by respective Record offices as well as Central Org, ECHS.

4. The online application for ECHS Smart Card to be modified as per above instructions.

(PK Parekh)
Maj
Jt Dir (Stats & Automation)
for MD ECHS

Copy to:

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ ECHS) - Request disseminate to Stn HQs
HQ East Comd (A/ECHS) 86 Record Office in your AOR
HQ West Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ South West Comd (A/ECHS)
HQ SFF & HQ Coast Guard

All Regional Centre ECHS

Internal

All Sections - S & A Section to upload on ECHS Website.

Tele : 25684645
Telefax : 011- 25684946
Email: j ditechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army)
Maude Lines
Delhi Cantt- 110 010

B/49779-Outsourcing/ AG/ECHS

03 Oct 2017

M/S UTI-ITSL
UTI BHAWAN, Plot No. 3,
Sector 11 CBD Belapur, Navi
Mumbai Maharashtra – 400614

ENDORSINGOF AADHAAR NUMBERON REFERRALS

1. Furtherto our better No. B/49779 Outsourcing AG, ECHS dated 20 Sep 2017

2. Based on number of representations received from various Regional Centres, the following modifications in the relevant generation process will be carried out.

(a) Under exceptional situations wherein the OC Polyclinic is convinced that even in the absence of Aadhaar Card, a referral by required to be issued, the OIC Polyclinic will endorse his remarks justifying the issue of referral without Aadhaar Card and referral may be generated.

(b) However, it shall be the responsibility of the OIC Polyclinic to ensure that Aadhaar number is entered in that claim D within next 30 days of some of such referrals and in no circumstances * referral to such individuals will be issued without Aadhaar details.

(c) UTI-ITSL to ensure that trail of such referrals is maintained and a check box is created which can be selected by the OIC Polyclinic for issue of referrals even in the absence of Aadhaar details CTI-ITSL to display the guidelines enumerated above for OIC Polyclinic and systematically ensure that Aadhaar details are captured as per above mentioned instructions.

3. Inaddition, UTI-ITSL to create following exceptions in the referral generation module:-

(a) Nepal Domicile Gorkhas (NDG) are exerted from submitting Aadhaar details.

(b) Polyclinics under RC Guwahati and Polyclinics under RC Jammu (in the state of J&k) are also exempted from submitting Aadhaar details till further orders.

4. Theseguidelines be implemented with immediate effect

5. This has the approval of MD, ECHS,

(BRSalgotra)
Lt Col
Jt Dir (Stats & Automation)
for Dir (Stats & Automation)

Copy to:

All Regional Centres - You are requested to disseminate these instructions to all Polyclinic in your jurisdictions

Internal

Ops & coord
P&FC
C&L
Med

Tele : 011-25683475
Telefax: 011-25682392
E-mail: diropsechs-mod@nic.in

Central Organisation, ECHS Adjutant
General's Branch IHQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle Delhi Cantt - 110010

PC-II to B/49791-FMA/AG/ECHS SO ECHS,

14Feb 2019

IHQ of MoD (Navy)
AirHQ (VB) (D Fin P)/ PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQAndaman & Nicobar Command (A/ECHS)

EXECUTIVE INSTRUCTIONS : GRANT OF FIXEDMEDICAL ALLOWANCE (FMA) TO ECHS BENEFICIARIES

1. **References** :-

(a) Govt of India, Ministry of Defence letter No 22(01)/2011/WE/ D(Res-I) dated 01 Nov 2018 (copy enclosed).

(b) CGDA letter No AT-IV/4918/XXXVI dated 12 Dec 2018 vide which letter at Para 1 (a) has been promulgated to all PCDAs / CDAs for implementation (copy enclosed).

Eligibility

2. ECHS membership is a compulsory membership for all ESM pensioners wef 01 Apr 2003. It is optional for pensioners prior to 01 Apr 2003. Once a person becomes a member, the same is irreversible. An ESM on becoming member of ECHS has to (forfeit the Fixed Medical Allowance (FMA). However, Govt of India, Min of Def vide their letter No 22(01)/2011/ WE/D(Res-I) dated 01 Nov 2018 has now sanctioned FMA to ECHS beneficiaries with the conditions as covered in succeeding paragraphs.

3. Mandatory Conditions. FMA has been made applicable to the following categories of primary ECHS beneficiaries :-

(a) There is no ECHS Polyclinic in his / her district.
(b) There is no service hospital in his / her district.
(c) There is no MI Room upgraded to proyide treatment to ESM in' his/ her district.

4. **Listof Applicable Districts.**

(a) List of districts which make a person eligible is as per Appendix to Govt letter at Para 1 (a). There are 365 districts meeting this criteria at this stage.

(b) Since Govt keeps creating new districts besides redrawing district boundaries, these will be notified by Ops & Coord Section of Central Organisation ECHS for information to all besides being uploaded on ECHS website on 01 Jan every year.

(c) Evenif a district is notified, FMA will be applicable only if conditions at Para 3 above are fulfilled.

5. **Addressat the Time of Superannuation / Discharge from Service with Pension.**

(a) Due to domestic, job and multiple other factors, ESM keep getting re-located from one place to another. The address at the time of grant of pension / family pension will be the basis to ascertain whether an ESM belongs to an applicable district as defined at Para 4 above. The data of this address will be taken from the following

(i) Permanentaddress as recorded inPPO.
(ii) In case of PPOs not having permanent address, address as recorded in Pension Book / Discharge Book.
(iii) Any other service document which gives permanent address at the time of grant of pension / family pension.

(b) While provisions exist for change of permanent address, the same will not be applicable for grant of FMA if changed after grant of pension /family pension. There is no restriction in change of permanent address while in service but the permanent address on the first day of eligibility for pension / family pension will be the address for applicability of FMA.

(c) It is the responsibility of ESM opting for FMA to ensure that he/she applies for FMA only if his/her permanent address as recorded at the time of grant of pension/family pension is part of applicable districts. **Wrong data when detected will make such an ESM ineligible for ECHS membership along with his / her dependants**. Station HQs will also verify this at the time of processing the applications.

Options/ Restrictions for FMA Beneficiaries

1. **Option for FMA**.

(a) It is optional for an individual ESM to opt for FMA even if he /she is eligible.

(b) Even if eligibility conditions are met, an ESM may not opt for FMA.

(i) Unless an ESM applies, FMA will not commence automatically even if eligibility conditions are fulfilled.

(ii) Those who opt for FMA being eligible will cease to draw FMA once any of the facilities as per Para 3 get created.

(iii) Once opted for FMA, individual ESM will not have any choice to apply for stoppage of FMA. Stoppage will be only based when any of the three conditions as per Para 3 are created.

7. Restrictions for Those Opting for FMA. Persons opting for FMA will not be eligible for OPD care through ECHS for themselves and their dependants. These are as under :-

(a) No OPD treatment from any ECHS Polyclinic.
(b) No OPD treatment from any Service Hospital.
(c) No OPD treatment from any Service MI Room.
(d) No OPD treatment from any empanelled hospital.
(e) No reimbursement from any hospital for OPD treatment including Govt Hospitals.
(f) No medicines from any ECHS Polyclinic.
(g) No medicines except those given during inpatient treatment or at the time of discharge from Service Hospital / Govt Hospital /Empanelled Hospital as applicable as per ECHS norms.

8. **Grant of FMA**

(a) ESM / family pensioner will be eligible for grant of FMA @ Rs 1000/- per month despite being an ECHS member or an amount as amended by Govt from time to time.

(b) The date of commencement of FMA will be the first day of the subsequent second month in which the pensioner has submitted the application, eg, FMA will commence from 01st Jul for all applications submitted during 01st May to 31st May. Station HQ must issue the receipt with date and ESM must maintain copy of the same.

(c) When any of the conditions as specified in Paras 3 & 4 are fulfilled, FMA will be ceased and OPD will recommence. The date of cessation of FMA will be the first day of the following second month when such conditions are fulfilled. ESM will also need to apply.

(d) In case of delay in processing, PCDA / CDA concerned will grant /recover arrears from ESM as per Para 8 (a) to (c) above.

9. **Commencement/ Restoration of FMA**

(a) As stated above, the ECHS member residing in a district where ECHS Polyclinic / Service Hospital / Upgraded MI Room is not available can seek commencement of FMA payment through his/her Pension Distribution Authority (PDA) /Authorised Pension Disbursing Bank, by submitting an application in the prescribed format at **Appendix A** to the nearest Military Station/ Air Force Station/ Naval Station (ECHS Cell) in triplicate. Distribution of ibid applications will be as under : -

(i) **Original Copy**. The Original copy will be forwarded to O/O PCDA (Pension) Allahabad, O/o PCDA (O) Pune, O/o PCDA (Navy 86 Coast Guard) Mumbai, O/o JCDA (AF) New Delhi-10 ("as applicable" and similar office pertaining to the ECHS member") for endorsement in PPO/issue of corrigendum PPO/updating Pension Records of Pensioners/Family Pensioners managed by Centralised Pension Processing Centres of Banks.

(ii) **Duplicate Copy**. The duplicate copy will be received by designated, Regional Centre ECHS from the Stn HQ for uploading the same in PDF and onward transmission to Cent Org ECHS. Thereafter forward the hardcopy to concerned Record Offices at Centre/ Air Force Record Office, New Delhi 10, Naval Pay Office, Colaba, Mumbai, Army HQ /Naval HQ /Air HQ[PD DAV] Bureau of Naviks, Mumbai ("as the pase may be" and "similar office pertaining to the ECHS member") for retaining in concerned

(b) **Pensioners' Records.**

(i) **Triplicate Copy**. The triplicate Copy will be retained with Stn HQ (ECHS Cell) which will retain the application for a period of three years. Thereafter, these can be disposed off in the normal manner as prevailing in the respective services.

(c) Based on the ibid original application, O/o PCDA (Pension) Allahabad, O/o PCDA (Navy 86 Coast Guard) Mumbai, O/o JCDA(AF) New Delhi-10 ("as applicable and similar office pertaining to the ECHS member") will sanction FMA & endorse in PPO / issue of corrigendum PPO updating Pension Records of Pensioners / Family Pensioners 1 managed by Centralised Pension Processing Centres of Banks/DPDO.

(d) **Cessation of FMA**. The cessation of FMA by PDA / bank would be based on a certificate (Appendix B) issued by Central Organisation ECHS through existing chain of Command & Control regarding the operationalisation of ECHS Polyclinic / Armed Forces Hospital in a district with the commencement date. The smart card of the ESM will be updated on the status of FMA and medical facility available to him. ESM and Stn HQ will be also responsible for prompt action.

Provision for IPDTreatment

10. ESM along with his / her dependants will continue to be eligible for IPD treatment as applicable to all other ECHS members. Procedures for IPD treatment will be same for emergency treatment. As regards planned IPD treatment, the ECHS beneficiary will be required to initially obtain lab tests diagnostics / prelim examination by a Medical Officer clearly endorsing the requirement of IPD based treatment. He will then obtain a referral from parent ECHS Polyclinic for treatment. The authority for the referral, however, will be the decision of Medical Officer at the ECHS Polyclinic. Subsequent treatment and bill processing will follow the existing process. ECHS Polyclinic will be utilised only for decision for IPD referral and if required, for issue of IPD referral as applicable in that Polyclinic.

11. The current card of all ESM and their dependants will be marked with permanent marker by Stn HQ once the application is submitted by ESM to concerned Stn HQ. Use of any OPD facility from the date of applicability for FMA as explained at Para 8 (b), eg in given example of the case, marking will be made - "No OPD - 01 JUL 2019" or as the case may be. Any use of OPD facility by ESM and his / her dependants thereafter will result in cancellation of all cards permanently. Record of such persons will also be kept in parent ECHS Polyclinic.

12. As detailed at Para 9 above, all Stn HQs will maintain details of all persons granted FMA and same will ,be forwarded to Stats & Auto Section of Central Organisation ECHS through concerned Regional Centre ECHS. This data will be shared with UTI ITSL by Central Organisation and UTI ITSL shall ensure that OPD referrals for such persons for consultation and diagnostics or any other OPD treatment at ECHS Polyclinics and/or empanelled facilities is not generated.

13. Once cessation of OPD facilities consequent to grant of FMA takes place, the information will be updated as per format below

DETAILS FOR CESSATION OF OPD FACILITIES CONSEQUENT TO GRANT OF FMA
BY STN HQ TO CENTRAL ORG ECHS (STATS & AUTOMATION)

Sl. No.	Servic e No.	Rank	Name	Service	Name of Beneficiary	Rela-tion	Typeof ECHS Card(32 / 64 Kb)	ECHS Card No	Date of Applica-tion	Date of Cessatio n of FMA

14. The details of individual as forwarded by Stn HQ as per format given above will be forwarded to Bill Processing Agency and Smart Card Making Agency to carry out following

(a) **Bill Processing Agency (BPA)**. To carry out under mentioned actions for both 32 & 64 Kb Card holders : -

(i) BPA will ensure that the individuals granted FMA are not provided OPD treatment from any of the empanelled facilities.

(ii) Any OPDtreatment claim even if erroneously raised by hospital will not be processed.

(iii) BPA will ensure IPD referrals are provided from the system when approved by OIC for the individuals granted FMA.

(iv) The synchronization of data regarding FMA should be carried out on monthly basis and reconciled with data held with Central Organisation ECHS.

(b) Smart Card Making Agency. To carry out under mentioned actions for 32 & 64 Kb Card holders The Smart Cards of individual granted FMA will be endorsed in the database and it will be ensured through system that OPD treatment at ECHS Polyclinic and the referral for OPD treatment at empanelled facility is not provided.

(i) The individuals who have already been provided 64 Kb Card if opt for FMA then their cards will be suitability endorsed in backend database and the token generated at ECHS Polyclinic should reflect this endorsement that **'OPD Treatment Not Allowed'**.

(ii) A bridge being deployed for generation of referrals at ECHS Polyclinics should incorporate provision such that individuals opting for FMA should not be provided any OPD referral.

(iii) The synchronization of data regarding FMA should be carried out on monthly basis and reconciled with data held with Central Organisation ECHS.

2. Forinfo and necessary compliance please.

(NiranjanKumar)
Brig
Dy MD
for MD ECHS

Enclosures : As above.

Copy to : -

US (WE)
Deptt of Ex-Servicemen Welfare, of India, Min of Def, SenaBhavan, New Delhi - 110011 - For info less enclosures. Govt

O/o CGDA, Batar Road, Palam, New Delhi – 110010 - For passing necessary instructions Ulan to all concerned.

O/o PCDA (Pension), Draupadi Ghat, Allahabad - 211014.

JCDA (AF), Subroto Park, New Delhi - 110010.

PCDA (Navy & Coast Guard), Mumbai, Cooperage Road, Mumbai- 400039.

All Regional Centre ECHS.

M/s UTI-ITSL, UTI Bhawan, Plot No 3, Sector 11, CBD Belapur, Navi Mumbai - 400614.

M/s Source Dot Com Pvt Ltd, K7/35, DLF Phase II, Gurugram - 122002.

Internal

(All Sections) - S&A Section to upload on ECHS website.

Appendix 'A'
(Refers to 9 (a) of CO ECHS letter No PC-II to B/49791-FMA/AG/ ECHS dated Jan 2019)

APPLICATION FOR COMMENCMENT OF FIXED MEDICAL ALLOWANCE

Service:(Army, Navy, Air Force, Coast Guard etc.)

Record Office: _____

Service No : Rank :

Name : _____
(First Name) (Sur Name)

Date of Retirement

PPO No* (Not applicable to : _____
(Future retirees & Death Cases in service)

Address) :

(As per PPO or Pension Book / Disch Book duly endorsed PPO No or Descriptive Roll _____

District _____

State PIN Code

Present District & State District **J** State **i**
(If different than above)

I, the above mentioned person, an ECHS beneficiary, hereby opt to draw Fixed Medical Allowance as authorised vide Govt of India, Min of Def letter No 22(01)/2011/WE/D(Res-I) dated 01 Nov 2018.

(Signature of the applicant)

ACTION BY STATION HQ

District and State Verified

Place :
Dated : (Station HQ)

---

*Where applicable only

Note : -

1. FMA will commence and OPD facility will cease from first day of the subsequent second month in which application is submitted to Stn HQ. For e.g. FMA will commence from 01 Jul if application is submitted during the period 01 May to 31 May.

2. Payment of FMA will commence only after endorsement in PPO/issue of p corrigendum PPO which may take some time. However, FMA will be paid with arrear from the date of commencement of FMA.

Appendix 'B'
(Refers to 9 (c) of CO ECHS letter No PC-II to B/49791-FMA/AG/ECHS dated Jan 2019)

CERTIFICATE

CESSATIONOF FIXEDMEDICAL ALLOWNACE : ECHS

It is certified that new ECHS Polyclinic / Armed Forces Hospital / MI Room upgraded to accommodate ESMs has been operationalised at _____District to cater the medical facilities to all ECHS beneficiaries of that district with effect from _____. Cessation of Fixed Medical Allowance (FMA) in respect of all ECHS beneficiaries of (District) be done with effect from _____by the concerned Pension Disbursing Authorities / Banks.

OR

It is certified that ECHS Polyclinic / Armed Forces Hospital / MI Room upgraded to accommodate ESMs has been shifted from _____to _____and operationalised at _____(District) to cater the medical facilities to all ECHS beneficiaries of that district with effect from _____Cessation of Fixed Medical Allowance (FMA) in respect of all ECHS beneficiaries of _____(District) be done with effect from _____by the concerned Pension Disbursing Authorities / Banks.

Dated (DirOps & Coord)

Case File

Central Organisation, ECHS
Adjt General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

Distr:-

1. US (WE), Deptt of Ex-Servicemen Welfare, Govt of India, Min of Def, Sena Bhavan, New Delhi - 110011.
2. O/o CGDA, Ulan Batar Road, Palam, New Delhi – 10
3. CDA (Pension), Draupadi Ghat, Allahabad – 211014
4. JCDA (AF), Subroto Park|New Delhi - 10.
5. PCDA (Navy & Coast Guard), Mumbai, Cooperage Road, Mumbai- 400039.
6. SO ECHS, IHQ of MoD (Navy).
7. Air HQ (VB) (D Fin P).
8. HQ Southern Command (A/ECHS).
9. HQ Eastern Command (A/ECHS).
10. HQ Western Command (A/ECHS). HQ Central Command (A/ECHS).
11. HQ Northern Command (A/ECHS.)
12. HQ South Western Command (A/ECHS).
13. HQ Andaman & Nicobar Command (A/ECHS).
14. All Regional Centre ECHS
15. All Record Office.
16. All Sections, Central Organisation ECHS

No.22(01)2011/WE/D(Res-I)
Government of India
Ministry of Defence
(Deptt. of Ex-Servicemen Welfare) Sena
Bhavan, New Delhi

To
The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Sub : Grant of Fixed Medical Allowance (FMA) to Ex-Servicemen Pensioners and Ex-Servicemen Family Pensioners who are ECHS members and residing in Districts not covered by ECHS Polyclinic / Armed Forces Hospitals / MI Room upgraded to accommodate ESMs.

Sir,

In partial modification of Para 2(b) of Govt, of India, Ministry of Defence letter No.22(1)/01/US(WE)/D(Res) dated 30 December 2002, I am directed to convey the sanction of the Government to the payment of Fixed Medical Allowance to Ex- Servicemen Pensioners and Family pensioners, who are ECHS members and residing in Districts not covered by ECHS Polyclinic I Armed Forces Hospital / MI Rooms upgraded to accommodate ESMs as per terms & conditions covered in succeeding paragraphs.

2. Entitlement of FMA to Ex-servicemen (ESM) Pensioners and Ex-Servicemen (ESM) Family Pensioners will be governed by the instructions on the subject issued by Ministry of Personnel, Public Grievances & Pensions (Deptt. of Pension & Pensioners' Welfare) vide their OM No.4/25/2008- P&PW(D) dated 19 Nov 2014, as amended from time to time.

3. Ex-Servicemen Health Scheme (ECHS) membership is compulsory for all ESM Pensioners and entitled ESM Family Pensioners, those retired, discharged and on death of the serving armed forces personnel which occurred on or after 01 April 2003. Their contribution to ECHS membership is non refundable . All pre 01 April 2003 retirees have the option of either joining ECHS scheme by remitting appropriate contribution and forfeiture of FMA or continue to draw FMA as hither to fore.

4. Despite, being an ECHS member, above mentioned ESM pensioners and ESM Family Pensioners residing in districts, where no ECHS Polyclinic or Armed Force hospital or MI room upgraded to accommodate ESMs is available will be eligible for FMA as well as will be entitled for IPD treatment.

5. The residential address of the ECHS member for payment of FMA I Cessation of FMA shall be the address indicated as the permanent address in his /her PPO.

6. The list of districts for which FMA is to be paid as on date of issue of this order is given in Appendix attached with this order. The list of districts for which FMA is to Be paid will be issued on 01' January every year by MD, ECHS, to PCs/RCs and also uploaded in the ECHS website.

7. **Commencement I Restoration of FMA** As stated above, the ECHS member residing in a district where ECHS Polyclinic/ Armed Forces Hospital I MI Room upgraded to accommodate ESMs is not available can seek commencement of FMA payment through his/her Pension Disbursing Agency (PDA) Authorised Pension Disbursing Bank, by submitting an application in the prescribed format to the nearest Stn. HQ in triplicate. The Stn HQ will scrutinize the residential address of the ECHS member and verify the applicability of District in the address for FMA and confirm the authorization of FMA on the application in the prescribed format. Distribution of ibid application, will be as under:

(a) **Original Copy** The Original Copy of the application will be forwarded to O/o PCDA (Pension), Allahabad, O/o PCDA (O) Pune, O/o PCDA (Navy & Coast Guard) Mumbai, O/o JCDA (AF) New Delhi 10 ("as applicable" and "similar office pertaining to the ECHS member of other services/establishment") by Stn. HQ for endorsement in PPO/issue of corrigendum PPO/updating Pension Records of Pensioners/family Pensioners.

(b) **Duplicate Copy** The duplicate copy will be forwarded to the concerned Regional Centre ECHS by Stn HQ for uploading the same in PDF format in the data base and to thereafter forward the hardcopy to concerned Record Office as mentioned in the application form for retaining in Pensioners' record.

(c) **Triplicate Copy** The triplicate copy will be returned to the ESM by the Stn HQ (ECHS Cell) duly endorsed with verification of district as per format.

8. Based on ibid original application, O/o PCDA (Pension) Allahabad, O/o PCDA (Navy & Coast Guard) Mumbai, O/o JCDA (AF) New Delhi-10 ("as applicable and similar office pertaining to the ECHS member of other services/establishment") will sanction FMA & endorse in PPO/ issue of corrigendum PPO for updating Pension Records of Pensioners/family Pensioners maintained by Centralised Pension Processing Centres of Banks/DPDO etc. The date of commencement of FMA will be the first day of the subsequent second month in which the Pensioner has submitted the application (e.g. FMA will commence from 1st July for all applications submitted during 1st May to 31st May).

9. Cessation of OPP Facilities An ESM who is drawing FMA will not be entitled to OPD facility at ECHS Polyclinic and Armed Forces Hospital. He is also not eligible for referral to Empanelled facilities for treatment in OPD. The ECHS smart card of the ESM will be endorsed with such details regarding facility available to him / her. The date of Cessation of OPD will be the First day of the following second month in which the pensioner has submitted the application e.g. OPD will cease from 1st July for all applications submitted during 1st May to 31st May.

10. Cessation of FMA The cessation of FMA, in the event of opening a new Polyclinic in the District, by PDA/bank would be based on a certificate issued by CO, ECHS through existing chain of Command & Control regarding the operationalisation of ECHS Polyclinic. With effect from following month in which ECHS Polyclinic is operationalised, the entitlement of FMA for the above pensioners residing permanently in that district will cease. Any FMA paid in excess will be recovered from his subsequent pensionary entitlements. The ECHS card of the ESM will be updated on the status of FMA and medical facility available to him.

11. Theseorders will be come into effect from 1st of subsequent month from the date of issue.

12. This issues with the concurrence of Ministry of Defence (Finance/Pension) vide their UO No.33(145)/12.FP dated 5-10-2018.

Yours faithfully,

(A.K.Karn)
Under Secretary to the Govt of India

Copy to :

1. AG, IHQ of MoD(Army)
2. COP, IHQ of MoD(Navy)
3. AOA, Air HQ (VB)
4. CGDA, NewDelhi
5. MD, ECHS
6. DGADS

Copy for information to :

7. SO to RM
8. PS to RRM
9. PPS to Secy ESW
10. PPS to FA (DS)
11. PStoJS(ESW)
12. Ps to Addl. FA & JS (RK) MoD(Fin)

APPENDIX TO

MoDORDER NO. 22(01)2011/WE/D(Res-1) dated 01.1t .2018

LIST OF DISTRICTS NOT COVERED BY ECHS POLYCLINICS/ ARMED FORCES CLINICS/MI ROOMS UPGRADED TO ACCOMMODATE ESMs

SI No		Districts	State	No Of DISTRICTS NOT COVERED BY ECHS POLYCLINICS/ ARMEDFORCES CLINICS/MI ROOMS UPGRADED TO ACCOMMODATE ESMs
1	1	Nicobar	Andaman& Nicobar	**2**
2	2	Northand Middle Andaman		
3	1	Vizainagaram	Andhra Pradesh	**1**
4	1	Anjaw	Arunachal Pradesh	**18**
5	2	Changlang		
6	3	Dibang valley		
7	4	East Kameng		
8	5	East Siang		
9	6	West Siang		
10	7	Kra Daadi		
11	8	Kurung Kumey		
12	9	Longding		
13	10	LowerDibang Valley		
14	11	Lower Subansiri		
15	12	Namsai		
16	13	Papum Pare		
17	14	Siang		
18	15	Lohit		
19	16	Tirap		

20	17	Upper Siang	Arunachal Pradesh	**18**
21	18	Upper Subansil		
22	1	Baksa	Assam	**21**
23	2	Barpeta		
24	3	Biswanath		
25	4	Charaideo		
26	5	Chirang		
27	6	Dhemaji		
28	7	Dimahasao(North Cachar Hills)		
29	8	Golaghat		
30	9	Hailakandi		
31	10	Hojai		
32	11	Kamrup		
33	12	Karbi Anglong		
34	13	Kokrajhar		
35	14	Karimganj		
36	15	Majoli		
37	16	Mori Gaon		
38	17	Nalbari		
39	18	Sivasagar		
40	19	South Salamara Mankachar		
41	20	Udalguri		
42	21	West Karbi Anglong		
43	1	Araria	Bihar	**20**
44	2	Arwal		
45	3	Aurangabad		
46	4	Banka		
47	5	Begu sarai		
48	6	Gopalganj		

49	7	Jamui	Bihar	**20**
50	8	Jehanabad		
51	9	Kaimur		
52	10	Kisanganj		
53	11	Lakhisarai		
54	12	Madhepura		
55	13	Nalanda		
56	14	Nawada		
57	15	Purnia		
58	16	Saharsa		
59	17	Sheikhpura		
60	18	Sheohar		
61	19	Supaul		
62	20	West Champaran		
63	1	Balod	Chattisgarh	**23**
64	2	Baloda Bazar		
65	3	Balrampur		
66	4	Bematara		
67	5	Bijapur		
68	6	Dantewada (South Bastar)		
69	7	Dhamtari		
70	8	Durg		
71	9	Gariaband		
72	10	Janigir- Chamba		
73	11	Rajgarh		
74	12	Kabirdham (Kawardha)		
75	13	Ranker (North Bastar)		
76	14	Kondagaon		
77	15	Korba		
78	16	Korea (Koriya)		

79	17	Mahasamund	Chattisgarh	**23**
80	18	Mungeli		
81	19	Narayanpur		
82	20	Rajandgaon		
83	21	Sukma		
84	22	Suraj pur		
85	23	Surguja		
86	1	Dadar& Nagar Haveli	Dadar& Nagar Haveli	**1**
87	1	Daman	Daman 8s Diu	**2**
88	2	Diu		
89	1	SouthWest Delhi	Delhi	**5**
90	2	NorthEast Delhi		
91	3	North Wset Delhi		
92	4	East Delhi		
93	5	North Delhi		
94	1	Amreli	Gujarat	**26**
95	2	Anand		
96	3	Aravalli		
97	4	Banaskanath (Palanpur)		
98	5	Bharuch		
99	6	Bhavnagar		
100	7	Botad		
101	8	Chhota Udaipur		
102	9	Dahod		
103	10	Dangs (Ahwa)		
104	11	Devbhoomi Dwarka		
105	12	Gandhinagar		
106	13	Gir Somnath		
107	14	Junagadh		

108	15	Kheda (Nadiad)	Gujarat	**26**
109	16	Mahisagar		
110	17	Mehsana		
111	18	Morbi		
112	19	Narmada (Rajpipla)		
113	20	Navsari		
114	21	Panchmahal (Godhra)		
115	22	Patan		
116	23	Porbandar		
117	24	Sabarkantha		
118	25	Tapi		
119	26	Valsad		
120	1	Mewat	Haryana	**1**
121	1	Kinnaur	Himachal Pradesh	**2**
122	2	Lahaul and Spiti		
123	1	Bandipora	Jammu& Kashmir	**9**
124	2	Budgarn		
125	3	Ganderbal		
126	4	Kistwar		
127	5	Kulgam		
128	6	Pulwama		
129	7	Ramban		
130	8	Reasi		
131	9	Shopian		
132	1	Bokaro	Jharkhand	**16**
133	2	Chatra		
134	3	Dumka		
135	4	Garhwa		
136	5	Giridih		

137	6	Godda	Jharkhand	**16**
138	7	Hazaribagh		
139	8	Jamtar a		
140	9	Khunti		
141	10	Koderma		
142	11	Latehar		
143	12	Lohardagga		
144	13	Pakur		
145	14	Sahibganj		
146	15	Saraikela- Kharsawan		
147	16	Simdega		
148	1	Bagalkot	Karnataka	**16**
149	2	Bellary		
150	3	Bangalore Rural		
151	4	Chamaraj anagar		
152	5	Chickballapur		
153	6	Chikkamangaluru		
154	7	Chitradurga		
155	8	Davangere		
156	9	Gadag		
157	10	Haveri		
158	11	Koppal		
159	12	Mandya		
160	13	Raichur		
161	14	Ramnagara		
162	15	Udupi		
163	16	Yadgir		
164	1	Lakshadweep	Lakshadweep	**1**
165	1	Agar(Malwa)	Madhya Pradesh	**39**
166	2	Alirajpur		

167	3	Anuppur	Madhya Pradesh	39
168	4	Ashoknagar		
169	5	B alaghat		
170	6	Barwani		
171	7	Burhanpur		
172	8	Chhatarpur		
173	9	Chhindwara		
174	10	Damoh		
175	11	Datia		
176	12	Dewas		
177	13	Dhar		
178	14	Dindori		
179	15	Guna		
180	16	Harda		
181	17	Jhabua		
182	18	Katni		
183	19	Khargone(West Nimar)		
184	20	Khandwa(East Nimar)		
185	21	Mandla		
186	22	Mandsaur		
187	23	Narsinghpur		
188	24	Neemuch		
189	25	Parma		
190	26	Rai sen		
191	27	Raj garh		
192	28	Ratlam		
193	29	Sehore		
194	30	Seoni		
195	31	Shahdol		
196	32	Shajapur		

197	33	Sheopur	Madhya Pradesh	**39**
198	34	Shivpuri		
199	35	Sidhi		
200	36	Singrauli		
201	37	Tikamgarh		
202	38	Umaria		
203	39	Vidisha		
204	1	Bhandara	Maharashtra	**12**
205	2	Chandrapur		
206	3	Gadchiroli		
207	4	Gondia		
208	5	Hingoli		
209	6	Jain a		
210	7	Nandurbar		
211	8	Palghar		
212	9	Parbhani		
213	10	Raigad		
214	11	Yevatmal		
215	12	Washim		
216	1	Bishnupur	Manipur	**13**
217	2	Chandel		
218	3	Imphal East		
219	4	Jiribam		
220	5	Kakching		
221	6	Kamj ong		
222	7	Noney		
223	8	Pherzawl		
224	9	Tamenglong		
225	10	Tangnoupal		

226	11	Thoubal	Manipur	**13**
227	12	Ukhrul		
228	13	Imphal West		
229	1	East Garo Hills	Meghalaya	**10**
230	2	East Jaintia Hills		
231	3	North Garo Hills		
232	4	Ri Bhoi		
233	5	South Garo Hills		
234	6	South West Garo Hills		
235	7	South West Khasi Hills		
236	8	West Jaintia Hills		
237	9	West Garo Hills		
238	10	West Khasi Hills		
239	1	Champhai	Mizoram	**6**
240	2	Kolasib		
241	3	Lawngatlai		
242	4	Mamit		
243	5	Saiha		
244	6	Serchhip		
245	1	Kiphire	Nagaland	**8**
246	2	Longleng		
247	3	Mon		
248	4	Peren		
249	5	Phek		
250	6	Tuensang		
251	7	Wokha		
252	8	Zunheboto		
253	1	Boudh (Baude)	Odisha	**21**
254	2	Bhadrak		

255	3	Balan gir	Odisha	**21**
256	4	Bergarh (Baragarh)		
257	5	Cuttack		
258	6	Debagarh		
259	7	Gajapati		
260	8	Jharsuguda		
261	9	Jajpur		
262	10	Jagatsinghapur		
263	11	Kendujahr (Keonjhar)		
264	12	Kandhamal		
265	13	Kendrapara		
266	14	Malkangiri		
267	15	Mayurbhanj		
268	16	Nabarangapur		
269	17	Nayagarh		
270	18	Nuapada		
271	19	Rayagada		
272	20	Subarnapur (Sonepur)		
273	21	Sundargarh		
274	1	Karaikal	Puducherry	**3**
275	2	Make		
276	3	Yanam		
277	1	Banswara	Rajasthan	**11**
278	2	Baran		
279	3	Bundi		
280	4	Chittorgarh		
281	5	Dholpur		
282	6	Jalaur		
283	7	Jhalwar		
284	8	Pratap garh		

285	9	Sirohi	Rajasthan	**11**
286	10	Swai Madhopur		
287	11	Tonk		
288	1	North Sikkim	Sikkim	**3**
289	2	South Sikkim		
290	3	West Sikkim		
291	1	Ariyalur	Tamil Nadu	**8**
292	2	Karur		
293	3	Krishnagiri		
294	4	Namakhal		
295	5	Perambalur		
296	6	Pudukkottai		
297	7	Tiruppur		
298	8	Tiruvarur		
299	1	Adilabad	Telangana	**25**
300	2	Bhadrdari Kothagudem		
301	3	Jagtial		
302	4	Jangaon		
303	5	Jayashankar Bhoopalpally		
304	6	Jogulamba Gadwal		
305	7	Kamareddy		
306	8	Komaram Bheem Asifabad		
307	9	Mahabubabad		
308	10	Mancherial		
309	11	Medak		
310	12	Nagar kurnool		
311	13	Nirmal		
312	14	Nalgonda		
313	15	Nizamabad		
314	16	Peddapalli		

315	17	Rajanna Sircilla	Telangana	**25**
316	18	Sangareddy		
317	19	Siddipet		
318	20	Suryapet		
319	21	Vikrabad		
320	22	Wanaparthy		
321	23	Warrangal (Rural)		
322	24	Warrangal (Urban)		
323	25	Yadadri Bhuvanagiri		
324	1	Dhalai	Tripura	**7**
325	2	Gomati		
326	3	Khowai		
327	4	North Tripura		
328	5	Sepahijala		
329	6	South Tripura		
330	7	Unakoti		
331	1	Ambadakar Nagar	Uttar Pradesh	**27**
332	2	Amethi(Chatrapati Sahuji Maharaj Nagar)		
333	3	Amroha (Jyotiba Phule Nagar)		
334	4	Auraiya		
335	5	Bahraich		
336	6	Balrampur		
337	7	Chandauli		
338	8	Chitrakoot		
339	9	Hamirpur		
340	10	Hapur (Panchsheel Nagar)		
341	11	Kannauj		
342	12	Kanshiram Nagar (Kasganj)		
343	13	Kaushambi		
344	14	Kushinagar (Padrauna)		

345	15	Lalitpur	Uttar Pradesh	**27**
346	16	Maharaj ganj		
347	17	Mahoba		
348	18	Mau		
349	19	Pilibhit		
350	20	Sambhal (Bhimnagar)		
351	21	Sant Kabir Nagar		
352	22	Sant Ravidas Nagar (Bhadohi)		
353	23	Shamli (Prabudhnagar)		
354	24	Shravasti		
355	25	Sidharth Nagar		
356	26	Sitapur		
357	27	Sonbhadra		
358	1	Birbhum	West Bengal	**8**
359	2	Bakshin Dinajpur		
360	3	Hoogly		
361	4	Jhargram		
362	5	Maida		
363	6	Purba Budwan		
364	7	Purba Midnapur		
365	8	Purulia		
				365

Office of The Controller General of Defence Accounts Ulan Batar
Road, Palam, Delhi Cantt, -110010
(Audit - IV Section) website:
VAW.cgda.nicjn

Govt. of India | Website: cgda.nic.in | Ministry of Defence AT-

IV/4918/XXXVI | 12/12/2018

Sub: Grant of Fixed Medical Allowance (FMA) to Ex-Servicemen Pensioners and Ex-Servicemen Family Pensioners who are ECHS members and residing in Districts not covered by ECHS Polyclinic/ Armed Forces Hospitals/ MI Room Upgraded to accommodate ESMs.

(M K GUPTA)
Sr.Actt. Officer

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army),
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

15 Feb 2019

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ South Comd(A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQCentral Comd (A/ECHS)
HQ Northern Comd
(A/ECHS)
South West Comd (A/ECHS)
HQ ANC
HQ SFF & HQ Coast Guard
All Regional Centres

EXCEPTIONAL HANDLING MEASURES FOR NRI/OCI CASES FOR ONLINE APPLICATION FOR NEW 64 KB SM ART CARDS

1. Refer to Central Organisation, ECHS letter No B/49711-DBT/AG/ECHS dated 09 Nov 2018 (copy attached).

2. As per Para 3 of letter under reference, a provision in the online application for niew 64 Kb ECHS Cards has been incorporated for Non Resident Indians (NRI)/Overseas Citizenship of India (OCI).

3. The ESM who is NRI/OCI will initially itself select the category of NRI/OCI. The ESM/beneficiary will have to fill Email ID which will be a mandatory field and will receive OTP on this registered Email address. Once the OTP is verified, he/she will fill the application and will get Aadhaar number exempt

4. The payment will have to be made online in INR. Once the payment is made, the application will be visible to the respective Record Offices for verification and post verification, cards will be forwarded to the respective Station HOs under which the selected polyclinic is operational. An OTP will be sent on the registered Email for collection of the Cards, once Cards are ready for collection at the respective Station HQs.

5. This information may be disseminated to the environment for information of all ECHS beneficiaries. All Regional Centres will ensure that all polyclinics under them are informed on priority.

(Rakesh-kakar)
Col (Retd)
Jt Dir(Stats & Automation)
for MD ECHS

Copy to :

M/s Source DOTcom Private Limited, K7/35, DLF
Phase-II, Gurugram, Haryana- 122002

Internal

All Secs - S&A Sec to upload on ECHS website.

Tele 25684645
Telefax 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch Integrated HQ
Near Gopinath Circle, Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

25 Feb 2019

IHQ of MOD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South West Comd (A/ECHS)
HQ ANC
HQ SFF & HQ Coast Guard
All Regional Centres

REQUEST FOR FORGET PASSWORD FOR ONLINE SM ART CARD APPLICATIONS

1. All Ex-Servicemen/Primary beneficiaries have to apply for new 64 Kb ECHS Smart Cards through Online Application. This online application contains sensitive information and due to security reasons, it is password protected. The individuals can create their new passwords in the event if they forget their passwords, using their registered e-mail or by answering the two security questions, answers for which, they had already provided while filling the online application.

2. Now a number of individuals are requesting for resetting their password as they have forgotten their password and also answers to the security questions. This information is also being asked for collectively by few associations / individuals on behalf of a group of ESM/primary beneficiaries. To tide over this problem who have forgotten or lost their password as well as security answers the following action is recommended:

(a) ESM/Primary Beneficiary to send E-mail with subject **FORGET PASSWORD** to e-mail id **jditechs-mod@ nic.in.**

(b) The e-mail is to be forwarded from the registered e-mail ID of ESM/Primary Beneficiary.

(c) In case ESM/Primary Beneficiary is not having e-mail ID then an application duly signed by the ESM is to be forwarded along with copy of PPO through any other e-mail ID.

(d) On receipt of the above requirements, the security question answers will be shared which can be used for re-setting of password.

3. This information may be disseminated to the environment for information of all ECHS beneficiaries. All Regional Centres will ensure that all polyclinics under them are informed on priority.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
For MD ECHS

Internal :

All Sections

Tele : 25684645
Telefax : 011-25684946
Email :jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch Integrated Headquarters of
Near Gopinath Circle, Delhi Cantt- 110 010
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

27 Feb 2019

All Regional Centres

REFERRAL PROCEDURE TO EM PANELLED HOSPITALS FOR 64 KB CARDS HOLDERS

General

1. The new 64 Kb Smart Cards have been collected by a number of ECHS beneficiaries and are now in use at various Polyclinics. The new hardware has already been issued to all the Polyclinics and are being installed in phased manner by the vendor. At present, installation of new equipment for all the Polyclinics under Regional Centre Delhi-I and Regional Centre Delhi-II is complete and functional. To ensure 64 Kb Cards holders get referral to the empanelled Hospitals through the new system, (where new hardware & software has been installed) on online software solution has been implemented. The detailed procedure is given at succeeding Paragraphs.

Action at the Polyclinic

2. **Action by the ESM**. The ECHS beneficiaries on reaching the parent Polyclinic will register and select a Doctor to be consulted through the Kiosok/iCAT and a token will be generated which will have a queue number.

3. The ECHS beneficiary will report to the Doctor as per his token/queue serial. Based on his medical condition either he will be disposed off at the polyclinic or he will be referred for further treatment to any Empanelled medical facilities, located within the area of responsibiliy of concerned Regional Centre (No hospital will be specified). He will be issued with a referral form which will have a Referral Number and basic details of the beneficiary. A sample Referral form is attached as Annexure I.

4. **Action by the OIC Polyclinic.** The Referral Form will be digitally signed by the OIC, Parent Polyclinic, hence, not required to be physically signed.

Action at the Empanelled Hospital

5. The ECHS beneficiary on reaching the Empanelled Hospital of his choice, within the area of responsibility of the Regional Centre will provide his referral form and his 64 Kb Card to the hospital. The Empanelled Hospital will access the UTI- ITSL site and feed the Referral Number. A Claim ID will be generated from the UTI-ITSL site and the Referral Number and Claim ID will get locked. The Referral Number, now cannot be used at any other Empanelled Hospital.

6. **Referral to Empanelled Hospital outside the Area of Responsibility of the Regional Centre of the Parent Polyclinic**

The procedure to be adopted by ECHS beneficiary to take referral to an Empanelled Hospital outside the area of responsibility of Regional Centre of parent polyclinic is given as under :

(a) He will obtain a referral from his parent polyclinic for the specified medical condition.

(b) He will online identify the Empanelled Hospital where he wishes to take medical treatment. Based on the Hospital location he/she will identify polyclinic closest to the empanelled facility where treatment is desired. Visit the polyclinic and register on the Kiosk/iCat and select a Doctor and generate token & queue number.

(c) Meet the Doctor as per his queue number and take a referral.

(d) The Doctor will enter the Referral Number in his module and an auto populated Referral Form will be displayed to the Doctor. The Doctor will generate the Referral and this will have new Referral Number and the earlier Referral Number will become ineffective.

Consequent to the approval by the OIC polyclinic, a digitally signed printout will be generated with new Referral

(e) Number duly entered with the original (old Referral number, which is rendered ineffective) Referral Number. The earlier Referral Number will become ineffective.

(f) The ECHS beneficiary will visit the chosen Empanelled Hospital and produce their Referral and the new 64 Kb Card.

(g) The hospital will access the UTI-ITSL site and once the new Referral Number is entered a claim ID will be generated and both the Referral Number and claim ID will get blocked. This Referral Number now cannot be used at any other Empanelled Hospital.

Action in case where New Equipment is Not Installed or is Non Functional

5. In case where the new equipment has not been installed or is non functional, then the referral will be generated through the existing system.

6. This information will be disseminated to all Polyclinics and displayed at prominent places for information of ECHS beneficiaries.

7. All Regional Centre, Directors to ensure this information is conveyed to the empanelled facilities under respective Regional Centres.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Stats & Automation)
for Offg
MD ECHS

Copy to :

M /s Source DOTcom Private Limited , - For information and necessary action . K7/35, DLF Phase-II,
Gurugram, Haryana-122002

M/S UTI-ITSL
UTI Bhawan, Plot No 3, Sector 11 - For information and necessary action. CBD Belapur, Navi
Mumbai Maharashtra-400 614

2/6/2019

EX-SERVICEM EN CONTRIBUTORY HEALTH SCHEME REFERRAL FORM
Polyclinic : STPC Patient Registration

Claim ID	NA
Referral No.	04300000000020
Validity Upto	08-03-2019
Date Of Issue	06-02-2019
No. Of Session Allowed	10

Patient & ESM Information

Name of Patient	SDCPL TEST CARD TWO	Age	29
Gender	Male	Relationship with ESM	Spouse
UIDAI(Aadhar) Number			
Service No	19099	Card No	4288416
ESM Name	SDCPL TEST CARD ONE	Force Type	Army
ESM Contact Number	7005252881	Email ID	echs@source.com

Clinical Findings

Blood Pressure (BP)	154
Pulse	29
Cardio Vascular System(CVS)	nm
Respiratory System (RS)	no
Abdomen	nm
Central Nervous System (CNS)	nm
Other	

Provisional Diagnosis

Clinical.
Testing Referral Generation from source pc
Admission.
Testing
Investigation
.
Consultation For

Referred to	empaneled			
Attendant Reimbursement	No	Travel Reimbursement	No	
Polyclinic Remarks	Remarks when the doctor attend the patient			

The referral letter is digitally signed by OIC hence no Ink signature is required

OICSTP C

Tele : 2568464
Telefax : 011-2568494
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MoD(Army), ThimayyaMarg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49711-NewSmartCard/AG/ECHS

28 Mar 2019

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters
All Regional Centres

ADVISORY :TEMPORARY SLIPS VALIDITY UP TO 30 JUN 2020 WITHOUT RENEWAL

1. Please refer to CO, ECHS letter No. B/49711-NewSmartCard/AG/ECHS dated 30 Aug 2019 (copy annexed).

2. Advisory on extension of validity of Online Temporary Slip till 30 Jun 2020 has already been issued vide CO, ECHS letter under reference. It is reiterated that all authenticated Temporary Slips will be valid till 30 Jun 2020 irrespective of revalidation of date by OIC Polyclinic.

3. All ESMs/Primary Beneficiaries and Dependents are requested not to visit their Parent Polyclinics for extension of date.

4. All Regional Centres are requested to disseminate the above information to all Empanelled Hospitals in their AOR not to press ESMs/ Primary Beneficiaries and Dependents for extension of validity of online temporary slips.

(JPChahal)
Col
Dir(Statistics & Automation)
for MD ECHS

Copyt to:

MoD (DoESW)
AGBranch(Coord)
DG DC& W Sectt — For information
DGMS Army
DGMS (Navy)
DGDS

UTHTSL
SDCPL — For information

Internal

All Secs - For information

Tele : 2568464
Telefax : 011-2568494
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MoD (Army), Thimayya Marg,
Near Gopinath Circle, Delhi
Cantt-110010

B/49711-NewSmartCard/AG/ECHS

28Mar 2019

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters
All Regional Centres

EXTENSION OF VALIDITY OF TEMPORARY SLIP BY SIX MONTH

1. Please refer to Central Organisation ECHS letter No. B/49711- NewSmartCard /AG/ECHS dated 19 Dec 2018.

2. All Ex-Servicemen/Primary beneficiary when apply online for new 64 Kb ECHS Cards have been permitted to download online temporary slip as per category given at Para 2 of letter under reference. At present the online temporary slip with countersignature of the OIC of the parent Polyclinic is valid ab-initio for six months and can subsequently be extended by another three months.

3. There has been backing in printing of Cards and distribution of 64 Kb ECHS Cards. Online applications verified up to Jan 2019 are under printing. All actions are being taken expedite the printing.

4. In view of the above, the Competent Authority has approved that now the OIC parent Polyclinic can extend the validity of temporary slip till 30 Jun 2020. All temporary slips will be collected at the time of 64 Kb card by the issuing Station HQ.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
For MD ECHS

Central Organisation ECHS
Adjutant Branch, IHQ of MoD
Thimayya Near Gopinath
Delhi Cantt – 110010

B/49701-PR/AG/ECHS/2019 15 Apr 2019

IHQ of MoD (Navy)/Dir ECHS (N) Air HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centers ECHS

EXECUTIVE INSTRS: GRANT OF ECHS FACILITIES TO WORLD WAR-II/SSCOs/ ECOS AND PRE-M ATURE RETIREES AND THEIR SPOUSES

1. Refs:

(a) GoI (MoD) letter No 17(11)/2018/WE/D(Res-1) dated 07 Mar 2019 (Encl-1).

(b) GoI (MOD) letter No 17(11)/2018/WE/D(Res-1) dated 18 Mar 2019 (Encl-2).

(C) GoI (MOD) letter No 17(11)/2018/WE/D(Res-1) dated 12 Apr 2019 (Encl-3).

2. Ex-Servicemen Contributory Health Scheme (ECHS) was introduced vide Government of India, Ministry of Defense letter No 22(1)/01/US(WE)/D(Res) dated 30 Dec 2002. The Scheme was open only to those persons who were meeting twin criteria of being ESM and drawing pension from Defense. The Competent Authority, Govt of India, has now approved grant of membership of ECHS to World War II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre-mature non pensioner retirees also vide MOD ID No 17(11)/2018/WE/D(Res-1) dated 07 Mar 2019 (Encl-1) with clarification vide MOD ID No 17(11)/2018/WE/D(Res-I) dated 18 Mar 2019 (Encl-2) by waiving off the conditions relating to receipt of pension and being ESM for becoming eligible to receive medicare under ECHS.

3. Salient Features of Scheme for Non Pensioners.

(a) They should not have been discharged on disciplinary grounds.

(b) They will have to pay one time contribution and become members of the ECHS. One time contribution will be paid as given out in GoI (MOD) letter No 17(11)/2018/ WE/D(Res-I) dated 12 Apr 2019 (Encl- 3). However, war widows shall be xempt from payment of one time ECHS contribution.

(c) ECHS facilities would be extended only to the individuals of the above mentioned categories and their spouses. No other dependant will be eligible.

(d) They must apply for membership of ECHS and accept the Rules of ECHS. (e) They should not be covered under any other institutional health scheme of the Government.

(e) They should abide by the ECHS rules as amended from time to time

(f) **One Time Contribution.**

(I) One time contribution for ECHS membership and entitlement of ward to World War II, SSCOS, ECOs and Pre- mature Non Pensioner Retirees (PMR) and their spouses are as under :

S/NO	Rank	One time No contribution	Wardentitlement
(aa)	Recruit to Havs & equivalent in Navy & AF	Rs 30,000/	General
(ab)	Nb Sub/Sub/Sub Major equivalent in Navy & AF (including Hony Nb Sub/MACP Nb Sub and Hony Lt / Capt) (ac)	Rs 67,000/-	Semi Private
(ac)	All Officers	Rs 1,20,000/	Private

(Note: Only war widow is exempted from one time whereas all contribution others have to make payment).

(ii) One time contribution will be paid through MRO for the specified amount in favour of concerned CDA as per location of Polyclinic of the applicant. List of CDA's is att (Encl-4). A blank MRO (Encl-5) along with sample MRO is also att (Encl-6) respectively for ease of veterans to fill the MRO and deposit one time contribution.

(g) **Eligibility Status for Spouses.**

(i) Legally wedded spouse.

(ii) Name should be included in the record of service.

(iii) Legally separated spouse is included as long as primary beneficiary is responsible for her maintenance.

(iv) Legally divorced spouse will not be eligible as a dependant.

(v) If the spouse is employed in Govt service then hel she can only be a member of any one Govt/Public sector medical benefits Scheme and not of two Govt medical Schemes simultaneously.

(vi) If a war widow remarries, then she alone is eligible. Her husband from second marriage will not be eligible.

(vii) The following documents of WWII Veterans, SSCOS, ECOs & Pre mature retirees will be equired as proof for dependency of wife:

(aa) Service particulars (Army No, Rank, Name and unit with served).

(ab) Copy of release/discharge/service book from service. Any other documents which clearly establishes marital relationship.

(h) **WW-I I Veterans and ECOS.** The WW-II Veterans, ECOs and their spouses would be allowed all ECHS facilities including treatment & medicines from ECHS Polyclinics, treatment in ECHS empanelled hospitals, and free OPD & IPD treatment facilities at the service hospitals, as available to other ECHS members on cashless basis.

(g) **SSCOs and Non Pensioner Pre-mature Retirees.** SSCOs and non pensioner pre- mature retirees would be eligible for the following facilities:

(i) Free OPD services including medicines from ECHS Polyclinics.

(ii) They are not entitled for treatment in AFMS hospitals. Their ECHS Card / Temp Card till ECHS Card is prepared will be marked 'NOT ENTITLED FOR SERVICE HOSPITALS'. Even if a Polyclinic is a Mil Polyclinic, these people will be referred to empanelled hosps as they are not authorised treatment from Service Hosps.

(iii) They must pay for OPD/IPD/Investigations in ECHS empanelled hospitals and seek reimbursement @ 75% of total admissible expenditure for personnel having more than 10 years of service and @ 50% of total admissible expenditure for personnel having less than or equal to 10 years of service. They will have to make payment first to the empanelled hospitals and then claim laid down percentage from ECHS on reimbursement basis as per CGHS rates. Claims will need to be submitted to parent ECHS Polyclinic with claim marked in bold red' REIMBURSMENT CLAIM - NON PENSIONER (SSCO/PMR). They can utilise non empanelled hospitals in emergency on the norms applicable to other ECHS members, make payment and claim applicable percentage as reimbursement on CGHS rates.

(iv) This category of persons must scrutinise the bills thoroughly when being prepared by emp hosp as bills will be processed at CGHS rates as applicable from time to time.

4, Processing of ECHS Online Applications for Smart Cards.

(a) The ESM/ Primary beneficiaries of all four categories will fill the application online under any of the following applicable categories as applicable after selecting 'Non Pensioner' category from the opening menu of 'Online Application Form':

(i) WW-II Veterans.

(ii) ECOs

(iii) SSCOS.

(iv) Pre-mature Non Pensioner retirees.

(b) **Making of Online Payment for Cards** The ESM / Primary beneficiary will pay online the cost of new 64 Kb ECHS Card at the rate of 1771- Per Card or as applicable from time to time.

(c) **Self Declaration.** The primary beneficiary will have to make a self declaration that the information provided by him is correct in all respect and will be held responsible if at any stage it is established that wrong information was provided. Wrong declaration will also make eligibility for ECHS null and void besides affecting recovery.

(d) **Verification by Record Office.** The online application will be visible to respective Record Office for verification. The Record Office is to carry out necessary verification. In case of any observation, the RO will raise th observation online and the primary beneficiary to rectify and re-submit.

(e) **Printing of Cards.** Once the application is verified by respective Record Office then it will be forwarded online to the vendor for printing of cards.

(f) **Distribution of Cards** . The cards will be forwarded to the Stn HQs to which the selected PCs is affiliated through respective Regional Center. Once the Cards reach the Stn HQs then an OTP will be generated by the Stn HQ on the registered mobile number for collection of Card. The primary beneficiary to collect the Cards from the Stn HQ's after giving the OTP.

5. **Process till 'Online Application Process' is made Active.**

(a) While provision of 'Online' application is being progressed, some of the beneficiaries of this category may be needing urgent medical support. In such cases, they can submit the application as per Encl-7 to concerned Station HQ after depositing one time contribution as per MRO and can avail entitled benefits. Persons opting through this mode have to apply mandatorily within 30 days of 'Online application' being made active details of which will be available on ECHS website. Once 'online application' is made, 'printout can be used as temp card after authentication by OIC Polyclinic till card is received.

(b) Applicants will submit the following documents to Stn HQ which will be responsible to verify eligibility and issue of temp card along with application as per Encl-7 :

(i) **Primary Beneficiary.**

(aa) Discharge Certificate.

(ab) Service Particular Booklet.

(ac) Any other document to establish served in Armed Forces.

(ad) PAN Card Number (if held).

(ae) AadhaarNumber. (af) Photo.

(ag) Bank details with copy of cancelled cheque.

(ah) MRO of one time contribution.

(ak) Mob No planned to be used for Registration.

(ii) **Spouse.**

(aa) Proof of marriage (Part II Order/marriage certificate from Govt agency/any other valid proof).

(ab) PAN Number (if held).

(ac) Aadhaar Number.

(ad) Photo.

(ae) Bank details with copy of cancelled cheque.

(af) Death certificate in case of demise of veterans. (ag) Mob No planned to be used for Registration.

(c) Temp card will also be endorsed by OIC Polyclinic to commence the treatment.

(d) Other beneficiaries can await 'online application' activation and apply as per specified procedure.

(e) Stn HQ will send report of all such applications to Regional Center concerned which is turn will fwd the same to Central Org ECHS (Ops Sec).

6. All other procedure and policies of ECHS will be applicable to above mentioned categories in letter and spirit. All relevant details are hosted on the ECHS website www.echs.gov.in.

7. This information may be disseminated to the environment for information of all ECHS beneficiaries under your jurisdiction.

(BS Sisodia)
Col
Dir(Ops & Coord)
for MD ECHS

Encls: 15 pages.

Copy to :

MoD (DoESW) - 1. For info wrt letters at Para 1 above.

2. Exemption of one time contribution for WW-II veterans & ECOS are requested to be considered.

AG Cord - for info of AG pl.

DG DC& W Sectt - for info of DG (DC& W) pl.

Coast Guard HQ, New Delhi HQ DG

(SFF), New Delhi

M/s UTI-ITSL - for evolving reimbursement module.
UTI Bhawan, Plot No 3, Sector 11,
CBD Belapur, Navi
Mumbai Maharashtra - 400614

M/s Source DOT Com - for modification of application on priority pl.
PrivateLimited, K7/35, DLF
Phase-II,
Gurugram, Haryana-122002

To,

The Deputy Managing Director,

Ex-Servicemen Contributory Health Scheme, Central Organisation,

Thimaiya Marg, Gopinath Circle, Delhi Cantt

Subject: **Grant of ECHS facilities to World War II Veterans, ECOS, SSCOs and pre- mature retirees .**

1. Approval of the Competent Authority is hereby conveyed for grant of membership of ECHS to World War II Veterans, Emergency Commissioned Officers (ECOs), Short Service Commissioned Officers (SSCOs) and pre- mature retirees by waiving off the conditions relating to receipt of pension and being ESMs for becoming eligible to receive medicare under ECHS, subject to the following conditions:

(i) They must apply for membership of ECHS and accept the Rules of ECHS.

(ii) ECHS facilities would be extended only to the individuals of the above-mentioned categories and their spouses.

(iii) They will have to pay one-time contribution and become members of the ECHS. (However, war widows shall be exempt from payment of one-time ECHS contribution)

(iv) They should not have been discharged on disciplinary grounds.

(v) They should not be covered under any other institutional health scheme of the Government

(vi) They should abide by the ECHS Rules as amended from time to time.

(vii) The WW-11 Veterans and ECOs and their spouses would be allowed all ECHS facilities including treatment in ECHS empanelled hospitals, and free OPD and IPD treatment facilities at the AFMS Hospitals, as available to other ECHS members.

(viii) The SSCOs and pre-mature retirees would be eligible for the following facilities:

(a) Free OPD services from ECHS Polyclinics

(b) They must pay for OPD/IPD/Investigations in ECHS empanelled hospitals and seek reimbursement @ 75% of total admissible expenditure for personnel having more than 10 years of service and @ 50% of total admissible expenditure for personnel having less than or equal to 10 years of service

2. This issues with the concurrence of MOD (Fin/Pen) vide their ID 31(02)/2019/Fin/Pen dated 7.3.2019

(A.K. Karn)

Under Secretary to the Government of India

Tele: 23014946

Copy to:

1. PS to RM
2. PS to RRM
3. PPS to Secretary, ESW.
4. PPS to Secretary, Defense
5. Secretary, Ministry of Finance (Deptt. of Expenditure)
6. Secretary, Ministry of Law & Justice (Deptt. of Legal Affairs)
7. Cabinet Secretariat writ. their letter No. CCS/10/2019 dated 7.3.2019
8. Dy. MD,ECHS with request to urgently forward draft Govt. Letter on one-time contribution to be deposited by the new beneficiaries.
9. MOD(Fin/Pension)
10. Addl. FA & JS (RK)
11. O/o CGDA
12. DGADS
13. DGAFMS/DG-3A, Room No 4, M Block
14. Director (Medical), Department of Defense.

MINISTRY OF DEFENCE
(DEPARTMENT OF EX-SERVICEMEN WELFARE) 19 MAR 2018

Subject : Grant of ECHS facilities to world war-II Veterans, ECOs, SSCOS and premature retirees.

1. Reference CO, ECHS letter No.B/49701-PR/Gen/AG/ECHS/2019 dated 13-3-2019 on the subject noted above.

2. The pointwise clarifications are given below.

(a) **Clarifications sought by CO, ECHS**

Pre 1996 retirees are exempted one time contribution vide MOD letter17(10) /06/US(WE)/D(Res) dated 13th April, 2007. Request clarify if the same is applicable for World War II/SSCO/ECOs and PMR cases.

Clarification

In terms of point No. 1(iii) it is clear that exemption from payment of one time contribution has been granted only to war widows. Hence exemption from one time contribution to pre 1996 retirees is not applicable to World War-II terans/SSCO/ECOs and PMRs.

(b) **Clarifications sought by CO, ECHS**

Date of implementation of the order. Since issuing of detailed instructions would involve some time delay (in terms of clarifications and modalities/workflow for processing of application & verification on and issuance of cards).

Clarification

The date of implementation of the order would be 7-3-2019 i.e. the date of issue of orders by MOD.

(c) **Clarifications sought by CO, ECHS**

Treatment/reimbursement in non empanelled hospitals in case of emergency has not been covered for the SSCOs and PMR cases.

Clarification

Para 1(viii) makes it clear thatSSCOs and PMR would have to pay for OPD/IPD/investigations in ECHS empanelled hospitals and seek re-reimbursement. This would be applicable even in cases in emergency.

Clarifications sought by CO, ECHS

As per GoI letter No. 17(10)/06/US(WE)/D(Res) dated 13th April, 2007, BCs are exempted for paying one time contribution. Now the same has not been included in the letter for World War II/SSCOS/ECOs and PMR.

Clarification

2. As clarified in point No.(a) above Battle Casualties are not exempted from paying one time contribution. CO, ECHS is requested to urgently submit Draft Government Letter for issue of orders regarding one time contribution

.

(A.K. Karn)
UnderSecretary (WE)
to the Govt. of India

MOD ID No. 17(11)/2018/WE/D(Res-1) Dated 18-3-2019

No.17(11)/2018/WE/D(Res-1)
GOVERNM ENT OF INDIA
M INISTRY OF DEFENCE
(DEPARTM ENT OF EX-SERVICEM EN WELFARE)
B WING, ROOM No.221
SENA BHAVAN, NEW DELHI

Dated 12th April, 2019

The Chief of Army Staff
The Chief of Naval Staff
The Chief of Air Staff

Subject: One time contribution for ECHS membership and entitlement of Ward in empanelled Hospitals/ M edical facilities in respect of World War II veterans, ECOs, SSCOs and Pre-M ature Retires.

Sir,

In continuation of MoD letter No. 17(11)/2018/WE/D(Res-1) dated 7.3.2019, I am directed to convey the sanction of the Government prescribing one time contribution for ECHS membership and entitlement of ward in empanelled hospitals / medical facilities in respect of World War II Veterans, Short Service Commissioned Officers (SSCOs), Emergency Commissioned Officers (ECOs) and Pre-mature Retirees (PMR) and their spouses as under :

Ser No	Rank	One time contribution	Ward entitlement
(a)	Recruit to Havildars of Army & equivalent Ranks in Navy & Air Force	Rs. 30,000/	General
(b)	Nb Sub/Sub/Sub Maj and equivalent Ranks in Navy & Air Force (including Hony Nb Sub/MACP Nb Sub and Hony Lt/Capt)	Rs. 67,000/	Semi Private
(c)	All Officers	Rs. 1.20,000/	Private

2. All other provisions of this Ministry's letter referred above, unaffected by this order, will remain unchanged.

3. This issues with the concurrence of Ministry of Defense (Finance) vide their U.O. No.31(02)/2019/Fin/Pen dated 12.04.2019.

Yours faithfully,

(AK. Karn)
Under Secretary

to the Govt. of India

Copy to :

1. AG, IHQ of MoD(Army)
2. CGDA, New Delhi
3. MD, ECHS
4. MHA

Copy for information to

1. PS to RM
2. PS to RRM
3. PPS to Secretary, ESW
4. PS to JS(ESW)
5. PS to Addl. FA & JS (RK)

Appendix D

INSTRUCTIONS FOR MILITARY RECEIVABLE ORDER (MRO)

Controller General of Defense Accounts (CGDA) has nominated the following Army Principal Controllers of Defence Accounts (PCsDA)/ Controllers of Defence Accounts (CsDA) for accounting the contribution made in their areas of jurisdiction.

Ser No	Regional Center	Polyclinic under jurisdiction of Regional Centers	Name to be Entered in MRO Army PCDA CDA
1	Jammu	Bakloh, Akhnoor, Baramulla, Baribrahmna, Doda, Jammu, Junglot(Kathua), Leh, Pathankot, Poonch, Rajouri, Samba, Shahpur, Srnagar, Talwara, Uchi Bassi, Udhampur, Nagrota (Gujroo), Yol, Mandi, Jammu Chamba, Palampur, Kullu, Deragopipur,Kanabal	PCDA (NC) Jammu
2	Delhi West	Delhi Cantt (BHDC), New Delhi (Lodhi Road), Gurgaon, Shakurbasti, Nuh, Gurgaon(Sohan Road), Khanpur	PCDA (WC) Chandigarh
3	Delhi East	Noida, Timarpur, Ghaziabad(Hindon), Greater Noida, Palwal Faridabad,	PCDA (WC) Chandigarh
4	Chandimandir,	Chandigarh, Chandimandir, Ropar, Sarkaghat, Mohali, Ludhiana, Jagraon, Sangrur, Patiala, Fatehgarh Sahib Chandimandir Samana, Nabha, Barnala, Nawansahar, Shimla, Rampur	PCDA (WC) Chandigarh,
5	Jaipur	Alwar, Behror, Hindaun City(Dist Karauli), Mahendragarh, Narnaul, Rewari, Dharuhera, Bharatpur, Bhuwana, Chirawa, Dausa, Jaipur, jhunjhunu, Nim ka Thana, Sikar, Vidhyadhar Nagar(Sanganer), Kota	PCDA (SC)Jaipur
6	Pune	South Pune(Lohegaon), Sindhudurg, Panaji, Sholapur, Ahmednagar, Beel, Latur, Osmanabad, Saugor, Karad, Kolhpur, pune, Orai, Jhansi, Morena, Gwalior, Bhind, PCDA (SC) Miraj (Sangli), Khadki (Pune), Buldana, jalgaon, Dhule, Pune Devlali, Bhopal, Amravati, Akola	PCDA (SC) Pune
7	Lucknow	Akbarpur Matti (Kanpur Dehat), Unnao, Barabanki, Hardoi, Lakhimpur(UP), Lucknow, Raebareli, Etawah, Fatehgarh, Kanpur, Agra, Mainpuri, Etah, Barilly, Badaun, Sarsawa, Mathura, Meerut, Aligarh, Muzaffarnagar, Baghpat, Shahjanpur, Moradabad, Hathras, Bijnore, Bulandshshir, Firozabad, Rampur	PCDA (CC) Lucknow

8	Patna	Ara, Danapur(Patna), Darbhanga, Khagaria, Madhubani, Motihari, Munger, Muzaffarpur, Samastipur, Sitamarhi, Siwan, Chhapra, Vaishali, Bhagalpur, Gaya, Sasaram, Buxar	CDA Patna
9	Jabalpur	Bilashpur, Raigarh, Indore, Mhow, Jabalpur, Satna, Raipur, Rewa, Jagdalpur, Pachmarhi	CDA Jabalpur
10	Hyderbad	Guntur, Secunderbad, Chittor, Giddalur, Golconda, Ananthapur, Cudapah, Eluru, Golconda, Karimnagar, khammam, Kurnool, Mehbubnagar, Nellore, Secunderabad2(Bownpally), Vijaywada	CDA Secunderabad
11	Chennai	Avadi, Chennai, Chennai(island Ground), Cuddolore, Kanchipuram, Thiruvannamalai, vellore, Villupuram, Puducherry, Krishnagiri, Kumbhkonum, Nagapattinam, CDA Chennai Thanjavur, Tambram	CDA Chennai
12	Kochi	Alleppey, Kottayam, Kunnamkulam, Thrissur, Iritti, Kalpetta, Kanhaged, Kannur, Perintalmanna, JCDA(Navy) Kozhikode, Kochi, Moovattupuzha, Painavu, Palakkad Kochi	JCDA (Navy)Kochi
13	Guwahati	Agartala, Aizwal, Along, Lunglei, Bongaigaon, Dhubri, Churachandpur, Imphal(Leimakhong), Dibrugarh, Tinsukia, Dimapur, Goalpara, Gawahati, Jorhat, Mokokchung, Lakhimpur, Lanka, Masimpur, Misamari, Shillong	CDA Guwahati
14	Allahabad	Allahabad, Pratapgarh, Fatepur, Banda, Azmgarh, Faizabad, Gonda, Sultanpur, Ballia, Ghazipur, Jaunpr, PCDA (CC) Mirzapur, Varanasi, Basi, Deoria, Gorakhpur, Lucknow	PCDA (SWC) Lucknow
15	Ambala	Ambala, Gohana, Kaithal, Karanal, Kharkhoda,	PCDA(WC)Chandigarh
		Nrayangarh, Khurkshetra, Panipat, Sonepat, PCDA (WC) Yamunanagar, Nahan	
16	Coimbatore	Coimbatore, Dindigul, Madurai, Srivilliputur, Theni, JCDA (Air force) Tiruchirapalli, Salem, Sivagangai, Wellington	JCDA (Air Force)
17	Dehradun	Almora, Bageswar, Ranidhet, Banbasa, Dehradun, Dharchula, Vikasnagar, Uttarkasi, Haldwani, Rudrapur, Hempur, Joshimath, Karanprayag(Gopeshwar), PCDA (CC) Rudraprayag, Kotdwara, Landsdowne, Pauri Garhwal, Lucknow pithoragarh, Raiwala, Tehri, Roorkee	PCDA (cc) Lucknow

18	Hissar	Abohar, Bahadurgrah, Bhiwani, Charki Dadri, Didwana, Fatehabad, Hissar, Jhajjar, Jind, Kosli, Lohara, Meham, Narwana, Rohtak, Sampla, Bathinda, Mansa, Bikaner, PCDA (SWC) Churu, Nagaur, Rajgarh, Siirsa, Sriganganagar, Jaipur Suratgarh	PCDA (SWC) Jaipur
19	Nagpur	(Air force) Amla, Nagpur, Wardha, Amravati, Akola, Yavatmal	JCDA Nagpur
20	Visakhapatanam	Angul, Balasore, Bhubneswar, Dhenkanal, Puri, Kakinada, Srikakulam, Vishakapatnam, ACDA (Navy) Ramnathapuram, Port Blair	ACDA Visakhapatanam
21	Mumbai	Mumbai, Chiplun, Mahad, karwar, Mumbai(Upnagar), PCDA (Navy) Thane (Nerul), Vasco-da-gama, COD Kandivali	PCDA (navy) Mumbai
22	Kolkata	Barrackpore, Salt lake, Midnapur, Kolkata, Baruipur, Howrah, Benguri, Bankura, Cooch Behar, Gangtok, Kalimpong, Katihar, Krishananagr, Katihar, CDA Guwahati Krishnanagar, Behrampur, lebong(Darjeeling)	CDA Guwahati
23	Ahmedabad	Ahmedabad, Ajmer, Barmer(Jalipa), Bhuj, Jaisalmer, Jamnagar, Jodhpur, Shergarh, Pali, Rajsamand, PCDA (Air Dungarpur, Vadodra, Surat, Udaipur	force) Dehradun
24	Bangalore	Bangalore, Hassan, Belgaum, Bijapur, Dharwad, Gulbarga, Bidar, Tumkur, Yeahanka(Bangalore), Kolar, Madekeri,	CDA Bangalore

		Manglore, Shimoga, Virarajendrapet, meg CDA Bangalore Banglore, Mysore	
25	Bareilly	Agra, Etah, Firozabad, Bagpat, Bijnor, Muzaffarnagar, Mainpuri, Meeurt, Hathras, Aligarh, Mathura, Moradabad, Rampur, Badaun, Barilly, Bulandshahar, PCDA Meerut Saharanpur(Sarsawa), Shahjanpur	PCDA Meerut
26	Jalandhar	Ajnala, Amritsar, Batala, Gudaspur, Beas, Bilaspur, Faridkot, Moga, Muktsar, Ferozpur, Garhshankarn (Mahalpur), Hamirpur, Una, Suranassi, Hoshiarpur, Ghumarvin, Barsar, Jalandhar,Kapurthala, Nawansahar, Phagwara, Sultanpuri Lodhi, Joginderagar	PCDA (WC) Chandigarh
27	Ranchi	Behrampur Bhawanipatna, Koraput, Sambalpur, Chaibasa, Dalatganj, Gumla, Ranchi, Dhanbad,	CDA Patna
28	Trivandrum	Changanacherry, Kilimanur, Kottarakara, Mavelikara, Nagarcoil, Pathanamthitta, Ranni, Trivandrum, Trivandrum (Med College), Tuticorin, Quilon (Kollam), PCDA Chennai Tirunelvli	PCDA Chennai

Appendix A
in lieu of IAFF (A) 507

M ILITARY RECEIVABLE ORDER

Bank's Counterfoil (To be forwarded to the CDA) (To be filled in by MRO issuing authority)

Received a sum of Rs

Total (Rs in words)

--- Crores	---- lakhs	--- thousands	--- hundreds	---- Tens	---- units

From . .....(name of the individual/unit/office) By Cash/Cheque No .....Date ..... Bank .....
….....for credit to PCDA/CDA... …..... on account of……as Defence receipts

BRS Code	DD MM YYY	Serial no
Bank Seal		

……

(Signature of the issuing

Officer) Unit/Officer BSR Code

DDMMYY

Serial No Bank Seal

MRO-0076/107/405/0 1

……

Depositor's Counterfoil-1 (To be retained by the Depositor) (To be filled up by Treasury/RBI/Bank)

Treasury/RBI/Bank.....
Dated Received a sum of Rs.....(Rupees..... Only)from (individual/Unit/Officer) on account of .....for credit to PCDA/CDA.....as Defence Receipt

BRS Code	DD MM YYY	Serial no
Bank Seal		

……

Depositor's Counterfoil-2 (To be forwarded to PCDA/CDA) (To be filled up by Treasury/RBI/Bank)

Dated.....

Treasury/RBI/Bank ….....

Received a sum of Rs.....(individual/Unit/Officer) on account of Receipt ..... (Rupees .... …..Only) from.....
. ..... for credit to PCDA/CDA.. as Defence

BRS Code	DD MM YYY	Serial no

Bank Seal

Depositor's Counterfoil-3 (To be retained by Stn HQ/Regional Center) (To be filled up by Treasury/RBI/Bank)

Dated .....

Treasury/RBI/Bank.....
Received a sum of Rs ... ….....(Rupees ..... …..... Only) from..... (individual/Unit/Officer) on account of .... for credit to PCDA/CDA..... as Defence …..... ….Receipt

BRS Code	DD MM YYY	Serial no
Bank Seal		

Appendix A
In lieu of IAFF (A) 507

MILITARY RECEIVABLE ORDER

Bank's Counterfoil (To be forwarded to the CDA. To be filled in by MRO issuing authority) Received a sum of Rs

IT Total (Rs in words) **One Lakh Twenty Thousands**

---- Crores	01 Lakhs	20 Thousands	—Hundreds	—Tens	---Units

From..... **SS36701F Capt Kavindra M athi** (Name of the individual/unit/office iCapital only). By Cash/Cheque No ....
Date..... Bank SBI for credit to PCDA/CDA, Sec-Bad on account of ECHS as Defence receipts

(Signature of the Issuing Officer)
\Unit/Officer

BRS Code	DD MM YYY	Serial no
Bank Seal		

M RO-0076/1071405/01 .....

Depositor's Counterfoil-1 (To be retained by the Depositor) (To be filled up by Treasury/RBI/Bank)

Treasury/RBI/Bank SBI
Dated Received a sum of Rs **120,000/-** (Rupees **One Lakh Twenty Thousands** Only) From **SS36701F Capt Kavindra M athi (individual/Unit Officer in Capital only**) on account of ECHS for credit to PCDA/CDA Sec-Bad as Defence Receipt

BRS Code	DD MM YYY	Serial no
Bank Seal		

.....

Depositor's Counterfoil -1 (To be retained by the Depositor)
(To be filled up by Treasury/RBI/Bank)

Treasury/RBI/Bank **S BI**
Dated Received a sum of Rs **120,000/-** (Rupees **One Lakh Twenty Thousands Only)**
From **SS36701F Capt Kavindra M athi** (individual/Unit Officer in Capital only) on account of ECHS for credit to PCDA/CDA **Sec-Bad** ás Defence Receipt

BRS Code	DD MM YYY	Serial no
Bank Seal		

.....

Depositor's Counterfoil-1 (To be retained by the Depositor)
(To be filled up by Treasury/RBV/Bank)
Treasury/RBI/Bank **S BI**
Dated Received a sum of Rs **120,000/ -** (Rupees **One Lakh Twenty Thousands** Only) From **SS36701F Capt Kavindra M athi** (individual/Unit Officer in Capital only) on account of ECHS for credit to PCDA/CDA **Sec-Bad** as Defence Receipt

BRS Code	DD MM YYY	Serial no
Bank Seal		

EX-SERVICEM EN CONTRIBUTORY H EALTH SCH EM E (ECHS)
APPLICATION FORM FOR M EM BERSHIP FOR WW-IVEC/SSO/PM R NON PENSIONER

Application Regn No.		To be
Place of Submission		

															fille d by Stn HQ
Category ( ) (a) Officer (b) JCO & Equivalent (c) OR & Equivalent															

(PLEASE FILL IN CAPITALS)
Applicant's
RecentColour
Passportsize
Photographin
Civil Dress

PARTI - PARTICULARS OF WW-11/ECHS/PM R NON PENSIONER VETERANS

APPLICATIONFOR(V) www-ii EC SSCO PMR

SERVICE ( ) Amy Navy Air Force DSC Others

1. Service No

2. Rank (With prefix and suffix)

3. (a) Name of Ex-Service man (Maximum 32 characters including spaces)

(i) Arms/Regt (For Army Only)..... (ii) Gender ( )

Male		Female	

(iii) Last Unit Served :

(iv) Citizenship ( ) India NDG Others

(v) Employed (Yes) India No

(vi) Marital Status ..... Married/Unmarried/Divorce/Widow/Widower

(vi) Monthly Income ….....

(b) Adhara Card No …..... (c) PAN No.....

(b) Date of Birth of Applicant

6. Primary Member Date of Commission/ Enrollment

7. Date of Retirement/ Discharge

8. Addresses

(a) Permanent

Tehsil										Dist							
State											Pin						

(b) Current Address

Tehsil										Dist							
State											Pin						

9. Contact Details

(a) Telephone no WithSTDCode

(b) Mob No – Regd

(c) E-Mail ID : -

10. Proof of eligibility (attach photo copy of any one)
(a) Discharge Book (b) Service Particular Booklet (c) Any other document to establish served in Armed Forces.

11. Name & Address of Bank

12. Pension Bank Account Number

13. IFSC Code

14. Record Office

15. Drug Allergy (if any)

16. Blood Group Physical Disability ( ) Yes

17. (Ailment) %age

White Card eligibility

Nature of Disability

(Optional) (Tick one as applicable) War Disability/Battle Casualty Disability ( ) Yes No ( ) Signature and stamp of authorizing Officer of Station Headquarters.

Note :- Types of Disabilities author for white card as per PWD Act 2016
(i) Blindness; (ii) Low vision; (iii) Leprosy-cured persons; (iv) Hearing impairment (deaf and hard hearing); (v) Loco Motor Disability: (vi) Dwarfism; (vii) Intellectual Disability: (viii) Mental illness; (ix) Autism Spectrum Disorder; (x) Cerebral Palsy: (xi) Muscular Dystrophy: (xii) Chronic Neurological conditions; (xiii) Specific Learning Disabilities; (xiv) Multiple Sclerosis; (xv) Speech and Language Disability: (xvi) Thalassemia; (xvii) Hemophillia; (xviii) Sickle Cell Disease; (xix) Multiple Disabilities including deaf, blindness; (xx) Acid Attack Victim and (xxi) Parkinson's Disease.

Application Regn No

PART-IL PARTICULARS OF SPOUSE

Name of Spouse

(Maximum 20 Characters including space)

Gender ( ) Male Female Citizenship India NDG

Date of Brith

Date of Marriage

Physical Disability (Ailment) %age

Natureof Disability

Employed yes No

yes No

Monthly Income ----------Aadhar Card No ----------PAN NO ----------Name Mentioned in Service/ Discharge Book () Yes

yes No

Blood Group

Drug Allergy (if any)

Contact details

(a) Tele No
(With STD code)

Mob

(b) E Mail ID:

Self Attested photocopy of following documents have been attached:

Veteran		**Spouse**	
Discharge Certificate / Service Particular Booklet / Any other document to establish served in Armed Forces		Proof of marriage (Pt II order / marriage certificate from Govt Agency / any other valid proof)	
PAN Card (if available)		PAN Card (if available)	
Adhaar Card		Adhaar Card	
Receipt of MRO on one time contribution (original)		Death certificate of Veteran in caseof demise	
Self Declaration from veteran or spouse (in case of demise of veteran)			

I, No Rank Name

solemnly declare that the information furnished above is correct to the best of my knowledge and belief and if found Incorrect, I will be liable to legal action and termination of membership.

Date:

(Specimen signature/Left thumb Impression of Applicant)

Application Regn No

PART-III DETAILS OF M RO PAYM ENT

1. Bank RBI

RBI		RBI	

Branch

2. MRO NO

Date of Payment ID

3. Amount (Rupees)

.....

PART-IV TO BE F LLED BY STATION HE QUARTERS/ RECOD OFFICE

1. Category of Ward ( ) Private Semi Private General

2. Date of Receipt validation of Application

3. Date of validation of Application

4. Documents Checked ( ) mark against each document

Veteran		**Spouse**	
Discharge Certificate / Service Particular Booklet / Any other document to establish served in Armed Forces		Proof of marriage (Pt II order / marriage certificate from Govt Agency / any other valid proof)	
PAN Card (if available)		PAN Card (if available)	
Adhaar Card		Adhaar Card	
Receipt of MRO on one time contribution (original)		Death certificate of Veteran in caseof demise	
Self Declaration from veteran or spouse (in case of demise of veteran)			

5. Receipt issued on ( )

6. (a) Checked by

(b) Approved by

Registration No .....

EX SERVICEM EN CONTRIBUTORY HEALTH SCHEM E (ECHS)

FOR WW-IV/EC/SSO/PM R NON PENSIONER VETERANS

1. Received documents from No.....Rank..... Name..…..... towards application for membership of Ex-Servicemen Contributory Health Scheme (ECHS) :

2. Category of Ward ( ) Private Semi Private General

3. Force Type: ….....
4. Regiment/Unit: ….....
5. Address with State and Pin Code: ….....
6. Mobile No: ….....7. Date of Birth: ….....8. Date of Retirement: ….....
9. Parent Polyclinic of Pensioner ….....MRO No.....
10. VALID UPTO ….....

Place: ---------- Office Seal
Date: ----------

Signature
(Stamp with Rank, Name & Appointment, Officer issuing Temporary Receipt in lieu of Smart Card)

All photographs to be stamped by issuing Officer.

PENSIONER	SPOUSE
Name:- ---------- Date of Birth: ---------- Adhara:- ----------	Name:- ---------- Date of Birth: ---------- Adhara:- ----------

13. **ACTIVATION BY**

Place: ----------
Date: ----------

Office Seal

Signature ---------- -----
(Stamp with Rank, Name & Appointment, OIC Parent Polyclinic)

Notes:

1. All holders of this temporary slip are required to apply online for 64 Kb ECHS Smart Card.
2. This original receipt is required to be returned at the time of collection of Smart Card (s). Receipt will not be destroyed. This will be uploaded at the time of applying online Smart Card.
3. **No Smart Card will be issued if this receipt in original is not produced.**
4. **Deposition of contribution (M RO) as applicable to be ensured prior to issue of this receipt for all Veterans by Stn HQ.**
5. This receipt will be issued only on verification of discharge book and after verification of eligibility criteria.
6. The Original Receipt is valid up to a maximum of SIX MONTHS from the date of issue.
7. Slip will be considered activated only after signatures of OIC Parent Polyclinic.
8. Adhara verification to be ensured by Polyclinics.

……

Date: ----------

Signature of Veteran / Spouse

SAM PLE OF SELF DECLARATION

| Service No – ----------Rank Name (Unit)

---------- --------- ---------

----------solemnly affirm and declare as follows:

1. ----------wife/Father/Mother/Daughter/Son Service No----------Rank ----------Name --------
---------of (unit) ----------solemnly affirm
and Name declare as follows:

1. That I am a World War II veteran / Emergency Commissioned Officer / Short Service Commissioned Officer / Pre-mature Retiree and I am not in receipt of pension.

2. That I have the following legal spouse whose photograph is affixed below on this self declaration certificate:

Name	Age	Date of Birth	Part II Order No/CRD/SD/POR No	Photograph
Identification Mark:				

(Photographs(s) to be pasted and signed across by the Applicant)

3. (a) That I am NOT a member of any other medical scheme funded by Central Govt, PSU or any other Govt undertaking.
(b) That my spouse is NOT a member CGHS or any other Govt Scheme

4. understand that in case I have submitted any incorrect information, or if any ECHS Membership Card is misused or used by any unauthorised person, my membership will be cancelled without any notice or further hearing. In addition, I will forfeit my contribution and I will pay the entire cost of expenditure incurred on such unauthorised person(s). I will also be liable for legal action by the ECHS Organisation. I will also immediately report the loss of my ECHS membership card to the nearest Station Headquarters.

5. That in case of any misuse of Smart Cards(s) or tampering with bills or attempt to defraud, once I become a member, I will forfeit my membership automatically.

6. | undertake that in case of any misbehavior, on my part with Polyclinic Staff, my membership may be suspended/cancelled/ terminated.

7. I understand that the contribution I am making is a one time token amount and is not refundable even if I do not make use of any ECHS facility or opt out of ECHS Scheme

ATTESTATION

Certified that the above statement is declared before me at (Place)---------on this ----------day of (Month) ---------- Year ---------- by DEPONENT Service No ----------Rank----------Name----------Who is identified by Name ----------S/O (Father's name of Identifier)---------- and witnessed by Name----------S/O (Father's name of first witness)& Name (Father's name of second witness).

WITNESS

Signature of Witness No.1
1. (Name in Block Capitals) Full Postal Address

Signature of Witness No.2
1. (Name in Block Capitals) ((Full Postal Address)

Central Org ECHS
Near Gopinath Circle,
Delhi Cantt- 110010

B/49711-NewSmartCard/ AG/ECHS

18 Apr 2019

Army HQ (MP-8), West Block – III RK Puram, New Delhi

Army HQ (MP-5 & 6), West Block – III RK Puram, New Delhi

Army HQ, DGMS (Army)/MPRSO, L
Block Room No. 118A, North Block, New Delhi

IHQ of MOD (Navy) DOP
(OA & R)/OPF
Sena Bhawan, New Delhi - 11

Directorate of Air Veterans - II & III Subroto Park, New Delhi - 10

Coast Guard Veteran Cell, Coast Guard HQs, New Delhi

The Logistics Officer-in-Charge (for staff Officer ECHS)
Naval Pension Office
C/O INS Tanaji, Sion, Trombay Road Mankhurd, Mumbai - 400088

Bureauof Naviks,
Cheetah Camp,
Mankhurd Mumbai - 400 088

HQDG NCC, West Block – IV RK Puram, New Delhi

Addl Dte Gen Territorial Army
'L Block, Church Road
New Delhi – 110001

REVERT APPLICATION

1. The online application for new 64 Kb ECHS card once submitted by the Ex- Servicemen/Primary beneficiary and necessary payment is made then it is visible to respective Record office for verification. Once the Record office has verified the application then it goes for printing to the vendor where cards are printed without any human intervention.

2. It is observed. based on the feedback from the environment that in few cases the data filled in the online application was erroneously filled wrongly by the Ex- Servicemen/Primary Beneficiaries and the same got verified by Record office. In few cases even while raising an observation by the Record office few errors at times were left out due to human error. To tide over this problem an online software module has been implemented where the Ex Servicemen/Primary beneficiary can login the ECHS website with his/her login credentials and a facility to REVERT APPLICATION tab will be available. On clicking the Revert Application tab the Ex- Servicemen/Primary beneficiary will play of all the members where online application have been filled by him/her. He/She can click the check box of the members whose data requires change. Once he/she clicks the members, a window will open asking for reason for requesting Revert. Once the reason for Revert is filled and warning message will be displayed that "are you sure to revert the application". On clicking ok, the application of that member will be forwarded to respective Record office for revert. The Record office will have a separate tab where this application will get listed. Once Record office after going through the reason approves the request for revert application then the application will get reverted. This will however not be feasible if the card has already been printed.

3. Once the Record office has approved revert then the application for that particular beneficiary will be in edit mode and all changes will be possible.

4. After changes are made the application will have to be re-submitted and will be visible for verification by respective Record office.

5. For Regional Centres only. Please disseminate contents of this letter to all ECHS Polyclinics and Stn HQs in your AoR for information of ESMs.

6. For MP-8 only. Please disseminate contents of this letter to all Record Offices of the Army for implementation.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
for Offg MD ECHS

Copy to:

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQSouth West Comd (A/ECHS)
All Regional Centres

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MoD (Army)

B/49711-NewSmartCard/AG/ECHS

29 Apr 2019

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
HQ ANC
Regional Centres ECHS

DOCUMENTS REQUIRED AS PROOF OF INCOME TO CHECK ELIGIBILITY OF DEPENDANTS FOR ECHS MEMBERSHIP

1. Refer to Central Organisation ECHS letter No B/49701-PR/AG/ECHS/2017 dated 27 Sep 2017 and B/49701-PR/AG/ECHS/2017 dt 16 Nov 2017(Not to all).

2. A policy on eligibility criteria for ECHS membership was promulgated vide letters under reference. The following documents are required to be produced by the ESM for all dependants above 18 years of age (except spouse) at the time of collection of their Cards:

(a) Self attested copy of PAN Card.

(b) Self attested copy of Form 26AS for the last two financial years.

3. In case the documents given at Para 2(a) & (b) can not be produced by the ESM, then he will have to furnish a self attested certificate for dependant above 18 Years of age. Specimen proforma is attached as Appx 'A'.

4. In case of income of dependents above 18 years of age (except spouse) is more than Rs 9000/- from all sources (excluding DA) per month, then the ECHS Cards for such dependants will not be handed over to the beneficiary/ESM. Such Cards will be destroyed by a board of officers every month and record be maintained at the Station HQ's. Details of such destruction be forwarded to Regional Centre concerned, Central Organisation, ECHS and M/S Source Dot Com Private Limited. Cases will be intiated in such cases for cancellation of cards permanently.

5. It is further reiterated that the Cards of all dependants will be blocked automatically by the system on completion of one year. The ESM will have to submit an online self declaration certificate by using his login credentials. A specimen ECHS self attested certificate for dependant above 18 years of age is attached as **Appx 'B'**. The fields marked as **'A'** will be auto populated and in the balance fields the beneficiary will have to upload the required certificate/enter details. This renewal facility will be available one month in advance from completion of one year from the date of issue of Card/last VLAAN

(Rakesh Kakar)
Col (Retd)
Jt Dir
(Stats & Automation)
for MD ECHS

Encls: (As above)

Copy to:

Source Dot Com Private Ltd - The details of Cards destroyed by Regional Centres & fwd by board of officers should be blocked & removed from the system. However, data of such Cards should be maintained separately & fwd to Central Organisation, ECHS on six monthly basis.

Internal

Medical Section

C & L Section

P& FC Section

S&A Section - You are requested to upload the ECHS website and copy given to SourceDotcom.

Appendix 'A'
(Refer to Para 3 of CO, ECHS letter No B/49711- New Smart Card/AG/ECHS dt Apr 2019)

ECHS SELF ATTESTED CERTIFICATE FOR DEPENDANT ABOVE 18 YEARS OF AGE (AT THE TIME OF COLLECTION OF CARD)

1. It is certified that Mr/Mrs/Ms __hose photograph is appended is a bonafied dependant of No _Rank _____Name _____(Retired) with ECHS Card/Registration No_____

2. Particulars of Dependent Mr/Mrs/Ms_____
   (a) Date of Birth _____
   (b) Aadhar No _____
   (c) PAN Number _____(if held)
   (d) Copy of 26AS for the following Assessment Year :- (if held)
   (i) Last Assessment Years : _____
   (e) Current Address of dependant _____

3. It is also certified that Mr/Mrs/Ms _____is not employed and is having no income/ income is less than Rs 9000 PM plus DA. is not married (Not applicable)

4. It is also certified that Mr/Ms _____is **not married** (Not applicable for parents).

Note:

(a) The self attested proforma will be produced whenever required in ECHS polyclinic/empanelled hospital by the beneficiary. The validity of the same will be ONE Year from the date of signature.

(b) In case of any change in dependency, the primary Card holder is responsible to cancel the membership of dependent immediately on occurrence by blocking the card on the online portal and intimation to his/her parent/ nearest polyclinic. **Any false declaration/ misuse of benefits will entail suspension/cancellation of ECHS membership of all members.**

_____ (Signature of Dependant) Primary Member)

Place :
Dated :

_____ (Signature of Ex-Servicemen/

Place :
Dated :

Appx B o
Para 5 of CO, ECHS letter Card/AG/ECHS dt Apr 19
(Refer to

ECHS SELF ATTESTED CERTIFICATE FOR DEPENDENT BOVE 18 YEARS OF AGE (TO BE SUBM ITTED ONLINEEVERY YEAR FOR UNBLOCKING OF CARDS)

1. It is certified that Mr/Mrs/Ms 'A' PhotoAuto Populated whose photograph is appended is a bonafied dependent of No 'A' Rank 'A' Name 'A' (Retired) with ECHS Card/Registration No 'A'.

2. Particulars of Dependent Mr/Mrs/Ms 'A'

(a) Date of Birth - 'A'
(b) Aadhar No - 'A'
(c) PAN Number - 'A'

(d) Copy of 26AS for the following Assessment Year :

(i) Last Assessment Year :(To be uploaded, if held
(ii) Total Annual income as per Form 26AS:

(iii) Current Address of dependent

2. It is also certified that Mr/Mrs/Ms. 'A' is not employed and is having no income.

3. It is also certified that Mr/Ms 'A' is not married(Not applicable for parents).

Note:

(a) This self declaration is valid for ONE Year from the date of submission.

(b) The cards of all dependents above 18 years of age will be blocked every year and needs to be activated through online submission of this proforma.

(c) In case of any change in dependency, the primary Card holder is responsible to cancel the membership of dependent immediately on occurrence by blocking the card on the online portal and intimation to his/her parent/nearest polyclinic. Any false declaration/misuse of benefits will entail suspension/cancellation of ECHS membership of all members.

I, Name of Ex-servicemen (Auto populated) , do hereby solemnly declare and verify that the contents of the above declaration are true to the best of my knowledge and belief, and nothing material has been concealed or suppressed therefrom. This electronic self declaration has been given with reference to IT Act 2000 and is admissible under The Indian Evidence Act 1872. I Agree 'A'

Date :

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Thimayya
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

15 May 2019

IHQ of MOD (Air Force)
IHQ of MOD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ ECHS)
HQ East Comd (A/ ECHS)
HQ Central Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQ South West Comd (A/ECHS)
All Regional Centres

PROVISION FOR APPLYING FOR WHITE CARD I N ONLINE SM ART CARD APPLICATION FOR SPECIAL SANCTION DISABILITY CASES & ISSUE OF OFFLINE TEM PORARY SLIP

1 Ref:

(a) B/49711-NewSmartCard/AG/ECHS dated 10 Aug 2018.
(b) B/49701-PR/AG/ECHS/2018 dated 26 Sep 2018.

1 Disabled Dependents who are covered under Persons with Disability (PWD) Act 2016 are being provided with ECHS membership and a White ECHS Smart Card' is issued as per eligibility.

3. There have been cases where the dependents of ESM are suffering from disabilities of critical nature but are not covered under the PWD Act 2016. These cases are considered as Special cases and sanction for the same is being granted from the Ministry of Defence (MOD) based on merit of individual cases. In such cases, the ESM is required to apply for special sanction to Central Organisation ECHS who after considering on the genuineness and the facts of the case, take up the case with the MoD. Thereafter, if the case is found genuine at MOD, a special sanction is granted by the MOD.

4. Thereafter, the ESM will be required to apply for the White Card in the online application, where he is required to select disability as 'Special Sanction Case' and is required to upload the sanction letter issued by MOD. After the verification of the online application by the concerned Record Office of the ESM, the online application for Special Sanction Case of the disabled dependent will be approved by Central Org ECHS (Dir[Ops & Coord]). The White Card for the dependent will be printed only after success (Coord), CO, ECHS. The validity of the white card will be approved by Dir (Ops & Coord), CO ECHS as approved in the special sanction by GOI.

5. The ESM/Primary beneficiary will be able to download online Temporary Slip after the verification is completed. The Temporary Slip will only get activated once it is Countersigned by the OIC of the Parent Polyclinic. This activated Temporary Slip will have to be surrendered by the ESM/Primary beneficiary at the time of collection of 64 Kb ECHS white card.

6. The provisions for applying for special sanction cases in online application will be done in due course of time. In the interim, all such cases where Special Sanction has already been issued by the MOD, the ESM will be issued with Offline Temporary Slip from the respective ECHS Regional Centre from where individual has already applied for 64 Kb ECHS Card. The Temporary Slip will be issued only after verification of the Sanction letter of MoD. The Offline Temporary Slip will be marked with RED INK on top as SPECIAL SANCTION CASE FOR WHITE CARD for easy identification at ECHS Polyclinics.

7. The above information be disseminated to all Stn HQs and ECHS Polyclinics.

(Rakesh Kakar)
Col Retd
Jt Dir (Stats & Automation)
for MD ECHS

Copy to :

M/s Source DOT Com Pvt LtdK7/35,
DLF Phase II Gurgaon,
Haryana- 122002

It is requested that necessary changes be done in the online application as Para 4 above.

Internal :

All Sections

Tele : 25684645
Telefax : 011-25684946
Email : jditechsi@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD
(Army), Thimayya Marg, Near
Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

18Jul 2019

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General SFF ADG
TA/TA-3
All Regional Centres, ECHS

PROCEDURE FOR PROCESSING OF 64 KB ECHS APPLICATION IN CASE OF M ARITAL DISCORD

1. Please refer to Central Organisation letter No. B/49701-PR/AG/ECHS/2018 dated 26 Sep 18 (copy enclosed).

2. A number of Petitions are received from the Spouses of Veterans where the Primary beneficiary has not applied for the new 64 kb ECHS Card due to marital discord. The procedure to be followed for marital discord cases to apply for new 64 kb ECHS Card is given in succeeding Paras.

3. As per Para 2 of letter under reference judicially separated wife of the Veteran is eligible to apply for ECHS Card for a limited period of one year or till resolution/divorce whichever is earlier. The same will be renewed in case of status quo beyond a year.

4. Action by the spouse (Judicially separated wife). The spouse will take following actions:

(a) The spouse will be eligible to apply offline for ECHS membership on production of all supporting documents for eligibility.

(b) On the basis of ibid Provision, the spouse should apply to DIAV for Army, DESA for Navy and DAV for Air Force who will facilitate in obtaining copy of PPO from respective Record Offices. The application should be duly supported with an identity proof in the form of Aadhar Card, Pan Card, Ration Card, Marriage Part II Order and Dependent Card issued by District Soldier Board. DIAV/DESA/DAV will endorse a letter to the primary beneficiary to give him/her an opportunity to apply Cards for himself/herself within 30 days for eligible family members. In case of non receipt of reply within 30 days/refusal to apply, DIAV/DESA/DAV will obtain copy of PPO for the applicant.

(b) Having obtained the copy of the PPO, the spouse should apply to Central Organisation, ECHS (Ops & Coord Section) with all the supporting documents.Action by Central Organisation ECHS (Ops & Coord Section)

5. On receipt of the application co, ECHS will forward the application for verification to DIAV/DESA/DAV to verify and confirm that the case is a marital discord case. On receipt of confirmation from DIAV/DESA/DAV, Dir (Ops & Coord) will authorize the spouse to apply online 64 kb ECHS Card. A letter of authorisation will be issued to the spouse to this affect.

Action by the Spouse

6. The Spouse will access the ECHS website and login as marital discord case and an application no with prefix MD will be allotted to the beneficiary. After filing the application and uploading the following documents the beneficiary will submit the application:

(a) Copy of PPO.

(b) Photo for self

(c) Signature self.

(d) Approval form from CO, ECHS. Verification

7. The application will be verified by respective records and then by CO, ECHS. On successful completion of verification the Cards will be printed.

Collection of Cards

8. The Cards once printed will be forwarded to the Station Headquarters of the affiliated parent polyclinic. Once the cards are ready for collection a SMS with OTP will be forwarded to the Registered mobile No.

Action by the Veteran

9. The application filled by the Spouse as a marital discord case will be visible to the primary beneficiary as it will get attached to his online application. If the Veteran for some reason has till date not applied for the new 64 kb ECHS Card then as and when he/she submits online application then the earlier application of spouse as a marital discord case will get allowed to his/her application and will be visible to him/her.

10. As and when the divorce Proceedings are finalized and or for some reason the spouse is no more eligible for ECHS membership then the Veteran (Primary Beneficiary) will inform to CO, ECHS.

11. The CO, ECHS will seek written confirmation through DIAV/DESA/DAV and on receipt of confirmation authorize the primary beneficiary to block the card of the spouse (MD Case) and also the spouse will be informed by CO, ECHS with copy to DIAV/DESA/DAV.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to:

PCDA (P),Allahabad SO
to DG DC& W SO to
DGMS (Army)
SO to ADGMS (Army) SO to
DGMS (Navy) O/o DGAFMS
O/o AFMSD
O/o DIAV

Tele: 011-25684645
Telefax: 011-25682392
Email: jditechs-mod@nic.in

AdjutantGeneral'sBranch Central ECHS
Integrated HQ of MoD (Army)
Thimayya Marg, Gopinath Circle
Delhi Cantt - 110 010

B/49711-MOD/AG/ECHS/DBT

29 Jul 2019

IHO of MoD (Air Force) IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd(A/ECHS)
HQ Wests Comd(A/ECHS)
HQ Central Comd(A/ECHS)
HQ Northern Comd(A/ECHS)
HQ South West Comd (A/ECHS)
All Regional Centers

DELAY I N HANDING OVER OF ECHS SM ART CARD TO ECHS BENEFICIARIES

1. Please refer to Central Organisation, ECHS letter No B/49711-IT/AG/ECHS dated 13 Sep 2018. (Copy enclosed).

2. The procedure of dispatching the 64 Kb ECHS Cards by the Card making company and their distribution by respective station HQ's was given vide a/m letter. As on 17 Jul 2019, the card making company has printed and dispatched 8,33,468 cards to various station HQ's through respective Regional Centers. It is seen that only 4,11,948 cards have been physically handed over by the station HQ's to the beneficiaries. This shows that the rate of distribution by most of the station HQ's is very low. This has led to dissatisfaction among st the ESM.

3. In view of the above, it is requested that suitable instruction be passed to Station HQ's under your justification to handover cards on priority and clear the backlog,

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to :

Director of Air Veterans
Subroto Park, New Delhi-10

Coast Guard Veterans Cell,
Coast Guard HQ's New Delhi

DIAV/ DESA

HQ DG NCC, West Block-IV
RK Puram, New Delhi
DDG Regional Centers

Internal

All Section

Tele: 011-25684645
Telefax: 011-25682392
Email: jditechs-modānic.in

Central Organisation, ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg
Near GopinathCircle
Delhi Cantt-10

B/49711-NewSmartCard/AG/ECHS

29 Jul 2019

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd(A/ECHS)
HQ West Comd(A/ECHS)
HQ Central Comd(A/ECHS)
Northern Comd(A/ECHS)
South West Comd (A/ECHS)
HQ ANC
HQ SFF & HQ Coast Guard
All Regional Centers

PROCEDURE TO CHANGE PARENT POLYCLINIC ONLINE

1. A software solution has been implemented to enable all ECHS beneficiaries with New 64 Kb Smart Card to enable them to change their parent Polyclinic online. This facility can be exercised once in six months by beneficiaries who have already collected the new 64 Kb ECHS card. The procedure to be adopted is given at succeeding paras.

2. **Action by the ESM.** The ESM/Primary beneficiary will adopt the following procedure:

(a) He/she will login to ECHS website, echs.sourceinfosys.com, using his login credentials.

(b) He/she will select the beneficiary whose polyclinic is required to be changed.

(c) Select the new polyclinic out of thedropdown.

(d) Submits the request.

3. **Action by OIC, (Old Parent) Polyclinic.** The action required to be taken by the OIC of the old parent Polyclinic is given under:

(a) Then OIC Polyclinic will select "Request for change of parent polyclinic" from the main menu.

(b) He/she will get two sub menus "Request for transfer out" and "Request for transfer in".

(c) He/she will select "Request for transfer out" and will check the details of ESM/primary beneficiary applied fir change for Polyclinic. Once he approves it, the application will be transferred on real time basis to the OIC (new parent) Polyclinic.

4. Action by the OIC (New Parent) Polyclinic. The action required to be taken by the OIC of new parent Polyclinic is given under:

(a) The OIC will select "Request for change of parent Polyclinic" from the main menu.

(b) He/she will get two sub menu "Request for Transfer out" and "Request for Transfer in".

(c) He/she will select "Request for Transfer in" and approves the particular beneficiary. Once it is approved the change will take place on real time basis and the same will get updated.

(d) The beneficiary when reaches the new parent Polyclinic he will have to insert this card in the Kisok/iCAT and get the details updated.

6. This information is to be disseminated to all Polyclinics and displayed at prominent places for information of ECHS beneficiaries.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to :

M/s SourceDOTcom Privet Limited, K7/35
DLF Phase-II,
Gurugram, Haryana-
122002

Tele : 25684645
Telefax: 011-25684946
Email: jditechsl@echs.gov.in
,

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Thimayya Marg,
Near Gopinath Circle Delhi
Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

01 Oct 2019

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A) ECHS)
HQ East Comd (A/ ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters
All Regional Centres

CANCELLATION OF LETTER FOR PROVISION FOR APPLYING FOR WHITE CARD IN ONLINE SMART CARD APPLICATION FOR SPECIAL SANCTION DISABILITY CASES & ISSUE OF OFFLINE TEMPORARY SLIP

1. Pleaserefer to Central Organisation ECHS letter No B/49711-NewSmartCard/AG/ECHS dated 15 May 2019.

2. The above letter may please be treated as cancelled.

(BS Sisodia)
Col
Dir(Ops&Coord)
for MD ECHS

Copy to:

M/s Source DOT Com Pvt Ltd
K7/35, DLF Phase II Gurgaon,
Haryana-122002

Internal:

Tele : 25684645
Telefax: 011-25684946
Email: jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch of
Integrated Headquarters MOD
(Army), Thimayya Marg.
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-DBT/AG/ECHS

19 Nov 2019

IHQ of MoD(AirForce)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
HQ ANC HQ SFF &
HQ Coast Guard
All Regional Centres

PROCEDURE TO CHANGE REGISTERED MOBILE NUMBER AFTER NEW 64 KB CARDS ARE ISSUED

1. At the time of filling online application for new 64 Kb Smart Cards, all Ex-Servicemen (ESM) had registered a mobile number. Now a facility has been implemented where by an ESM can change his/her registered mobile number once he/she has collected his/her new 64 Kb Smart Cards.

2. The ESM will have to login to the ECHS website using his/her login credentials. He/She has to click on the "change mobile number" and then feed the new mobile number and submit. The request is online forwarded to the OIC, of his/her parent Polyclinic and the ESM to download prefilled system generated form and is required to take a print out. The ESM is then required to submit the prefilled downloaded form along with a copy of the 64 Kb Card of the primary beneficiary to the OIC, parent Polyclinic. The OIC, parent Polyclinic will go online and click and acknowledge the request online and the mobile number will be changed.

3. It is requested that information may be disseminated to the environment for information of all ECHS beneficiaries. All Regional Centres will ensure that all polyclinics under them are informed on priority.

(Rakesh Kakar)
Col (Retd)
Jt Dir(Stats & Automation)
for MD ECHS

Copy to :

M/s SourceDOTcom Private Limited,
K7/35, DLF Phase-11,
Gurugram,
Haryana-122002

Tele : 25684645
Telefax : 011-25684946
Email:jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD(Army), ThimayyaMarg
Near Gopinath Circle,
Delhi Cantt- 110 010

27 Dec 2019

B/49711-NSC/AG/ECHS/GenCorr

IHQ of MoD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
HQ ANC
HQ SFF & HQ Coast Guard
All Regional Centers

HANDING OVER 64 KB ECH CARDS BY STATION HQS WITHOUT FEEDING OTP

1. Pleaserefer Para 2 of CO, ECHS letter No. B/49711-IT/AG/ECHS dated 13 Sep 2018 (copy attached).

2. At present more than twenty one lakh new 64 Kb ECHS Cards have been printed and dispatched to respective Station HQs for handing over to the beneficiaries. As on date total seven lakh twenty two thousand cards have been handed over to the beneficiaries and balance cards are pending to be handed over to the beneficiaries by respective Station HQs.

3. The respective Station HQ at the time of handing over the cards is required to feed the OTP in the system to update the status of the card and also to activate the card. In case of OTP not received by the ESM/Primary Beneficiary then a procedure for request for OTP was promulgated vide CO, ECHS letter No. B/49711-NewSmartCard/AG/ECHS dated 03 Oct 2018 (copy attached). This is to ensure that the OTP is fed in to the system before the cards are handed over. In case OTP is not fed in the system/software by the Station HQs then these cards are not activated.

4. It has come to notice that on few occasions Station HQs have issued cards without entering OTP in the Station HQs system/software. As a result, such cards are not activated, resulting restricted use at Polyclinics/referral with wrong data.

5. In view of the above, it is requested that suitable advisory be issued to the Station HQs under your jurisdiction to feed OTP before handing over the cards. In cases where cards have been handed over without entering OTP then the OTP may now be entered by following the procedure of request for OTP to ensure all cards handed over, get activated.

(Rakesh Kakar)
Col (Retd)
Jt Dir(Stats & Automation)
for MD ECHS

Tele. 011-25684847
ASCON: 36832
Fax : 011-25684946
Email: diropsechs-mod@nic.in

Central Organisation
ECHS Adjutant General's
Branch IHQ of MoD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49701-PR/AG/ECHS/2020

03 Jan 2020

HQ of MOD (Navy)/PD ECHS (N)
AIR HQ (VB)/DPS
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
All Regional Centre (ECHS)

ECHSFACILITY TO APS PERSONNEL

It is intimated that the treatment of APS Personnel who are member of ECHS & has applied for New 64 kb Smart Card will continue in all Polyclinics, Service Hosp & Empanelled Hosps till the further order will be issued by this Organisation.

(BS Sisodia)
Col
Din(Ops&Coord)
for MD ECHS

Internal

AllSecs (Less S&A) - For info pl.

S&A Sec - Request upload the letter on ECHS website.

Tele: 20892597
Telefax : 011-25684946 Email:
jditechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg
Near Gopinath Circle
Delhi Cantt- 110 010

B/49779/AG/ECHS

06 Jul 2020

All Regional Centers

FORMAT ANDSIZEOFFILE FORMEDICAL REMBURSEMENT CLAIM

1. Plrefer to Central Org ECHS vide letter No B/49761/AG/ECHS/Medical dt 18 May 2020.

2. You are intimated that during uploading of file for medicals reimbursement claim on promolated vide above quoted letter the file review be in PDF format and shared her excess 10 MB.

3. All RCs' are requested to give videperscuring to the beneficiaries than polyclinic.

(JM Gurung)
Col
Jt Dir (Statistics & Automation)
for MD ECHS

Telefax: 011-25684946
Email : diritechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt- 110 010

B/49711-NSCIAG/ECHS/Gen Corr

10 Jul 2020

All Record Offices

DISPOSALOFOLDECHS SMART CARD APPLICATIONS

1. Reference is made to Record Office Bombay Engineer Group 72053/ECHS/Gen/160/NE dated 06 Feb 2020. (Copy attached)

2. In the Smart Card system till 31 May 2015, physical applications used to be submitted to Regional Centers so as to ensure that bonafide ex-servicemen and their dependents are only issued ECHS Smart Cards. On the basis of these applications, Smart Cards were being made by the contracted firm and delivered to Regional Centers. After the expiry of the contract with the said firm, the issue of ECHS Smart Cards was discontinued and a paper slip was being issued to the applicants for availing ECHS facilities.

3. Instructions for transfer of copy of old ECHS Smart Card applications to respective Record offices were issued vide B/49711- New Smart Card/AG/ECHS dated 04 Sep 2018 for maintaining the same with personal records of individual.

4. A No. of queries have been received from Record offices regarding the disposal of Old Smart card Applications since the New 64 KB ECHS Smart Card applications are now being submitted by beneficiaries online and being verified by Record offices online.

5. ECHS issues the Smart Card to the benficaries based on verification of individual's particulars relating their entitlement including payment of the subscription amount.

6. ECHS does not require to refer to the paper application or access these Records, therefore the Record offices may dispose offldestroy the copies of application in respect of old 16 & 32 KB ECHS Smart Card applications with following considerations:

(a) 16 KB ECHS Smart Card are no longer valid and all beneficiaries have migrated or are in process of migrating to new 64 KB ECHS Smart Card system, therefore the old 16 KB Smart Card applications may be destroyed by a local board of offrs ordered by respective Area/ Sub Area HQ.

(b) 32 KB ECHS Smart Cards are valid till 10 years from date of manufacture, and all applications for 64 KB ECHS Smart Card are being verified online by respective Record office, therefore all old 32 KB Smart Card applications in respect of beneficiaries who have migrated to new 64 KB ECHS Smart Card may also be destroyed ba a local board of offrs ordered by respective Area/ Sub Area HQ.

(c) Offline Temporary slip are no longer valid and all offline Temporary slip holder beneficiaries are migrating or have migrated to new 64 KB ECHS Smart card. Therefore all 32 KB Smart Card applications in respect of beneficiaries who have migrated to new 64 KB ECHS Smart Card may also be destroyed by a local board of offrs ordered by respective Area/ Sub Area HQ.

7. The Records officers must retain copy of digital applications to correlate the details verified by them and it must be ensured by the board of officers that necessary information relating to finance for any audit requirement is retained.

(Rakesh Kakar)
Col
Jt Dir (Statistics & Automation)
for MD ECHS

Tele : 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch Integrated
Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath
Circle, Delhi Cantt- 110 010

11 Nov 2020

B/49711-IT/AG/ECHSI Gen Corr

IHQ of MOD (AirForce)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
HQ ANC
HQSFF& HQCoast Guard All Regional Centers

HANDING OVER OF ECHS SMART CARDS TOECHS BENEFICIARIES

1. Pleaserefer CO ECHS letter No. B/49711-IT/AG/ECHS dated 13 Sep 18. (Copy enclosed).

1 As per Para 5(d) of letter under refer the station HQ's can also distribute the new 64 Kb ECHS cards at Polyclinics. As per feedback from the environment there are few station HQ's who have started distributing cards from polyclinics under their jurisdiction. Hence, a procedure to distribute the cards from Polyclinics is given at succeeding Paragraphs.

3. **Action at Stations HQ's**

(a) All Station HQ's to requisition from CO ECHS for one ID and password each for all Polyclinics under their jurisdiction. The format and details required to be submitted to CO ECHS are given at Appx A attached.

(b) The cards at station HQ's be handed over to Oslc of respective polyclinics for activating and distribution. The OsIC will distribute the cards after checking the required documents and account the same. The documents will be forwarded to Stn HQ's once a month and account for the cards distributed.

(c) TheStn HQ's will remain responsible for accounting of cards under their Area of Responsibility.

4. **Action at Polyclinics**

(a) All polyclinics to collect new 64 Kb ECHS cards from the station HQ's

(b) Activatethe new ID's and password received from station HQ's.

(b) Handover new cards to the beneficiaries as per letter under reference and as per instructions received from their respective station HQ's.

5. All Stn HQs are requested to forward the requisition to CO ECHS (S&A Sec) through mail by 25th of Nov 2020.

(RakeshKakar)
Col (Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to :

DoESW

Appendix 'A'

(Refer B/49711-NSCIAG/ECHS
dated Nov 2020

DETAILS REQUIRED FOR CREATION OF ADDITIONAL Ids FOR DISTRIBUTION OF 64 KB ECHS SMART CARDS AT POLYCLINICS

1. The following details are required to be filled and forwarded through email on email id iditechs-mod@nic.in :

(a) Name of Station HQ :
(b) Name of Regional Centre :
(c) Name of Polyclinic :
(d) Name of Applicant Designation :
(e) Official Address :
(f) Email ID :
(g) Mobile No. :
(h) Mobile No. :

Date Signature of Applicant

FOR OFFICE USE AT CENTRALORG, ECHS

Date: Sign of Jt Dir (S&A)

Tele : 25684645
Telefax : 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Maude Lines,
Delhi Cantt- 110 010

B/49711/T/AG/ECHS

13 Sep 2018

IHQ of MOD(Air Force)

IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd(A/ECHS)
HQ Central Comd(A/ECHS)
Northern Comd(A/ECHS)
South West Comd(A/ECHS)

All Regional Centres

HANDING OVER OF ECHS SMART CARD TO ECHS BENEFICIARIES

1. 64 KB Smart Card is being filled 'online followed by 'online' verification before the data goes to the Card making company to print & dispatch the Cards. Contracting company dispatches the Smart Cards to Regional Centres in Station Headquarter packets. Regional Centres dispatch these Stn HQ packets to Stn HQs.

2. Once the Cards are received at Station Headquarters, these have to be accounted for. SMS is sent to the beneficiary along with OTP to come & collect Card at the Stn HQ. Once OTP is 'fed' into the system, activated card is handed over to the i beneficiary for use.

3. Station Headquarters are currently responsible not only for issue of new Smart Cards but also to collect old cards/temp slips besides physical verification of all beneficiaries as 'this is the only stage when physical presence is being used for authentication.

4. A number of Ex-Servicemen have represented that they are finding it inconvenient to take all the beneficiaries to the dependent Station Headquarters for collection of ECHS Cards besides Station Headquarters being far off from their place of residence.

5. The competent authority has approved the following for collecting new 64 Kb Cards from respective Station Headquarters :

(a) The primary beneficiary can collect his own card and the cards of his dependents from Station Headquarters.

(b) The primary beneficiary will be responsible to handover all the old Cards/Temp Slip as applicable to Station Headquarters while collecting the Cards of self and dependents.

(c) The primary beneficiary will be responsible to produce required documents to establish that the dependents are entitled for the ECHS Card.

(d) The Station HQ can also distribute the Cards at Polyclinic on specified days/dates and any nominated location on a pre announced date, as per the procedure laid down for online endorsement & accounting of Cards & documents.

6. Option of video call based verification using mobile, if needed, could also be utilized.

7. Station Headquarters will continue to remain responsible for accounting.

8. Regional Centres to fwd a copy of this letter to all Station Headquarters covering their Polyclinics.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to :

Directorate of Air Veterans Subroutine
Park, New Delhi-10

Coast Guard Veterans Cell, Coast
Guard HQs, New Delhi

DIAV/DESA

HQ DG NCC, West Block-IV RK
Puram, New Delhi

Internal

All Sections

Tele : 25684645
Telefax: 011-25684946
Email:jditechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD(Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

27 Nov 2020

B/49711-NSC/AG/ECHS/GenCorr

IHQ of MOD (Air Force)
IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
HQ ANC
HQ SFF& HQ Coast Guard
All Regional Centers

HANDING OVER OF ECHS SMART CARDS TOECHS BENEFICIARIES BY POLYCLINICS

1. Further to CO, ECHS letter No. B/49711-IT/AG/ECHS dated 11 Nov 2020.

2. It is intimated that creation of additional IDs for distribution of 64 Kb ECHS Smart Cards through ECHS Polyclinics received by this office as on date have been processed as one time measure so that distribution of cards mechanism is not delayed or hampered.

3. However, you are requested to direct all Stn HQs/Polyclinics under your jurisdiction that only official email IDs i.e. Gov.in/NIC.in should be used instead of civil/ private email IDs.

4. In view of the above, Stn HQs /Polyclinics not having Gov.in/NIC.in email IDs should obtain the same within the period from 01 Dec 2020 to 31 Jan 2021 which will be considered as transition period for converting all email IDs to official email IDs (Gov.in/NIC.in). Instructions/Guidelines to apply for govt. email id is available under downloads tab (User Guide for creation of NIC mail ID for ECHS) of ECHS website j.e. echs.gov.in. Thereafter, all communication on emails will be received and forwarded through Gov.in/NIC.in mail IDs only. Mails received through civil email IDs will not be accepted for further correspondence and processing for the purpose of issues of cards.

5. Wef 01 Feb 2021, requisition/application forms for creation of additional IDs will be forwarded to CO, ECHS by Stn HQs/Polyclinics through their Regional Centers from their official email Ids (Gov.in/NIC.in).

(Ajay Dixit)
Col
Offg Dir (Statistics & Automation)

Tele : 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD
(Army), Thimayya Marg Near
Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSC/AG/ECHS/Gen Corr

03 Dec 2020

IHQ of MOD (Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HQ South Comd (A/ ECHS)
HQ East Comd (A/ ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters
All Regional Centres

UTILISATION OFECHS SERVICES VALIDITY OFECHS CARDS & TEMPORARY SLIPS

1. Refer Central Organisation, ECHS letter No. B/49711-NewSmartCard/AG/ECHS dated 19 Dec 2018 (copy attached).

2. Detailed instructions were disseminated vide letter under reference for ECHS Beneficiaries to utilize ECHS facilities beyond 31 Dec 2018. To sensitize the environment on the present status of various documents and their utilisation/ expiry dates are given at succeeding paragraphs.

3. **NEW 64 KB Smart Card Holder**.

(a) At present 15,20,138 lakh new 64 Kb ECHS Cards have been handed over to the beneficiaries out of 29,03,557 lakh new 64 Kb Cards so far delivered to various Station HQs for handing over to the beneficiaries. Necessary clarification to distribute cards from respective parent Polyclinics have been issued by CO ECHS. Issue of cards may be expedited.

(b) The new 64 Kb ECHS Cards are pre-activated cards with a universal PIN 123456. On reaching the Polyclinics for the first time beneficiaries are required to change the PIN on KIOSK to create a personal PIN.

(c) Following online facilities can be utilised by the ECHS beneficiaries:

(i) Change of parent Polyclinic after collection of cards.
(ii) Change of registered mobile no. after collection of cards.
(iii) Change of data after collecting cards.

(iv) Blocking of card and apply for re-print of card in case of loss of card.

(v) Blocking of card in case of death and ineligibility of dependent,

(d) **Mobile APP**. A mobile application, "echs beneficiary" has been launched for both Android and IOS smart phones. All primary beneficiaries are advised to download "echs beneficiary"/ mobile application on their respective smart mobile phones and register themselves with respective parent Polyclinics. The mobile app provides following facilities at present:

(i) Booking online appointment before visiting Polyclinics.

(ii) Checking status of online ECHS application for 64 Kb Cards.

(iii) Details of Polyclinics, address, contact numbers, etc.

(iv) Details of referrals can be viewed.

(v) Approval details of extended stay/unlisted procedure details can be seen.

(vi) Notification from OIC parent Polyclinics can be viewed.

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4. **New 64 Kb ECHS Smart Card applied successfully but cards awaited.**

(a) These category of beneficiaries have the facility to download temporary slip once they login using their login credentials. These temporary slips are valid for six months in the first stage and have to be authenticated by the OIC of their respective parent Polyclinic. However, for some reasons for veterans who have not received the new 64 Kb ECHS cards and getting enti- tled medical cover using online temporary slip, the validity of these temporary slips have been extended to 30 Jun 2021. Extension of validity by OIC Polyclinics is not mandatory to avail service at hospital. However, if such veterans reach Polyclinics, the same be extended by OIC Polyclinics.

(b) For beneficiaries who are already holding online temporary slip the validity was extended up to 31 Dec 2020. Due to COVID-19 the competent authority has now approved the validity of online temp slip up to 30Jun 2021.

(c) These temporary slips enable the beneficiary to avail entitled treatment. After receipt of new 64 Kb ECHS Cards, the temporary slips will be invalid and these category of persons will utilize the facilities as per Para 3 above.

5. **32 KB ECHS Smart Card holders**

(a) All 32 Kb Kb ECHS cards are valid for a period of 10 years from the date of issue. This category will continue getting their entitled medical cover with 32 Kb cards till further orders.

(b) All beneficiaries under the category who have applied for new 64 Kb cards but not received will get their medical cover as under:

(i) Incase online application is verified by respective Record office then the ESM/Primary Beneficiary is advised to download online temporary slip and get it countersigned from the OIC Parent Polyclinic to continue getting entitled medical cover for existing online temporary slips holders the details already covered under Para 4 above.

(ii) Incase online application is verified by respective Record office then the ESM/Primary Beneficiary is advised to download online temporary slip and get it countersigned from the OIC Parent Polyclinic to continue getting entitled medical cover for existing online temporary slips holders the details already covered under Para 4 above.

(iii) Incase online application is under observation from Records then the beneficiary will get entitled medical cover with 32 Kb ECHS cards.

(IV) Incase online application is pending verification with Record office then the beneficiary to continue getting entitled medical cover with 32 Kb ECHS cards.

(c) 32 Kb.ECHS card holders are adviced to apply online for new 64 Kb ECHS cards at the earliest to enable even distribution of load, at respective Record office for verification of online application and to avail the services offered by the new software and mobile application.

6. **NRI who have yet to apply for new 64 KB ECHS Cards**. The ESM who is NRI/OCI will initially itself select the category of NRI/OCI. The ESM/Beneficiary will have to fill email ID which will be a mandatory field and will receive OTP on this registered email address. Once the OTP is verified, he/she will fill the application and will get Aadhar number exempted. The payment will be made online in INR. Once the payment is made the application will be visible to the respective Record Office for verification. On verification the cards will be printed and forwarded to the Station HQs affiliated to the parent Polyclinic. The cards once ready for collection then an OTP will be sent on the registered email. Then the cards can be collected from the respective station HQ's.

7. **ECHS beneficiaries who could not apply due to non registration with UIDAI (Aadhar card not possible to be made).** A suitable software has been implemented to handle Aadhar exception owing to age related issues or medical condition of the beneficiary. A detailed instructions have been issued vide Central Organisation letter No B/49711-DBT/AG/ECHS dated 13 Feb 2019 (copy attached).

8. **Offline temporary slip holder and not applied for new 64 Kb cards**. Offline temporary slip holders to apply for new 64 Kb ECHS card on priority. All offline temporary slips can be extended up to 01 Apr 2021 by the OIC parent Polyclinic. Beyond 01 Apr 2021, any ESM/Primary Beneficiary approaching Polyclinics for medical treatment will be required to first fill the online application for 64 Kb ECHS Card at the facilitation centre of the Polyclinic and then avail the facility. In case of emergency then necessary medical cover be provided by endorsing 'VALIDITY EXTENDED BY ONE MONTH UP TO" on the temporary slip in red. Similar extension for 15 days duly endorsing on the temporary slip in red ink can be given in case of emergency for the second time. However, individual be advised that no more extension can be given and he should apply online for new 64 Kb ECHs Card. Observation in online application if any should be cleared by 30 Sep 2020.

9. **16 Kb ECHS Card holder and not yet applied for new 64 Kb ECHS Card**, 16 Kb ECHS Cards have expired on 31 Dec 2018. However, it is seen that still few ECHS beneficiaries are approaching Polyclinics to avail medical facility with 16 Kb ECHS Cards. All 16 Kb ECHS Card holders on approaching ECHS Polyclinics to avail any medical facility will have to fill up, the online application for new 64 Kb ECHS Card at the facilitation centre located at the Polyclinic. On successful filing up the online application, Polyclinic will assist in getting the online temporary slip downloaded which will be valid for six months. This temporary slip is being generated before the online application is verified by respective Record Office. Hence, OIC parent Polyclinic to ensure only medical cover to those beneficiaries' whose 16 Kb ECHS Card is already held by the ESM/Primary beneficiary. Any additional beneficiary who is already not an existing ECHS beneficiary can only get medical cover once the online application is verified by Respective Record Office. The process of filling up of online application and clearing the observation if any should be completed latest by 31 Mar 2021.

10. Applied for new 64 Kb ECHS Card but application under observation. These categories of beneficiary will fall under the following categories:

(a) 32 Kb Card holder will keep getting his/her entitled medical benefits based on his 32 Kb Card.

(b) Offline temporary slip holder to get his temporary slip extended by another three months from the OIC parent Polyclinic to get entitled medical benefits. However, the beneficiary should get the observations cleared on priority. They will be ineligible if observations are not rectified by 31 Mar 2021.

(c) 1 6 Kb ECHS Card holder can download temporary slip online which will be valid for six months. This temporary slip has to be validated by the OIC parent Polyclinic. However, the beneficiary to get all observations settled by 31 Mar 2021.

11. Incase medical emergencies, services will not be denied on the pre text of. validity of temporary slips/cards. OIC Polyclinics and Dir Regional centre will engage practically with empanelled facilities to ensure the same.

12. A summary of above mentioned updates is attached as Appx 'A'. The content of Appx A be disseminated to the environment for information of all ECHS beneficiaries. All Regional Centres will ensure that all Policlinics under them are informed on priority.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Appendix 'A'
(Para 12 of letter No,
B/49711-NSCIAG/ECHS/Gen Corr
dated 03 Dec 2020

UTILISATIONOF ECHS SERVICES: SUMMARY

1. All 64 Kb card holders are adviced to download Mobile App "echs beneficiary" on their mobile phones which is available for both Android and IOS operating system at respective mobile application store. The mobile app provides following facilities at present:

(a) Booking online appointment before visiting Polyclinics.

(b) Checking status of online ECHS application for 64 Kb Cards.

(c) Details of Polyclinics, address, contact numbers, etc.

(d) Details of referrals can be viewed.

(e) Approval details of extended stay/unlisted procedure details can be seen.

(f) Notificationfrom OIC parent Polyclinics can be viewed.

2. For veterans who have not received the new 64 Kb ECHS cards and getting entitled medical cover using online temporary slip, the validity of these temporary slips have been extended to 30 Jun 2021. Extension of validity by OIC Polyclinics is not mandatory to avail service at hospital. However, if such veterans reach Polyclinics, the

same be extended by OIC Polyclinics.

3. Though 32 Kb cards are valid for 10 yrs from date of issue, veterans and advised to apply for 64 Kb cards to avail the services offered by the new software and mobile application. However, 32 Kb card holders who have not applied for new 64 Kb ECHS cards will continue getting entitled medical cover till further orders.

4. Offline temporary slips will not be valid after 01 Apr 2021. All holders of such temporary slip are advised to apply for 64 Kb cards immediately.

5. 16 Kb cards will not be valid after 01 Apr 2021. All 16 Kb cards holders are advised to apply for New 64 Kb card if not done till now.

6. All beneficiaries whose 64 Kb card application is under observation are advised to rectify the same before 31 Mar 2021. The status can be obtained through mobile app or by login in the ECHS web site/portal echs.sourceinfosys.com using login credentials (Registered Mob No. and Password).

Tele : 25684645 2
Telefax: 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

19 Dec 2018

IHQ of MoD (Air Force)
IHQ of MOD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters
All Regional Centres

UTILISATIONOF ECHS SERVICES BEYOND 31 DEC 2018

1. Refer to Central Organisation, ECHS letter no B/49711, New Smart Card/ AG/ECHS Aug 2018

2. At present, approximately 52 Lakh beneficiaries are dependant on ECHS. To utilize the benefits of ECHS, these beneficiaries have been issued with different type of documents with different validity dates and in few cases beneficiaries do not hold any authorized document. Various categories of beneficiaries based on document's status are as under:

(a) New 64 Kb ECHS Smart Card obtained.

(b) New 64 Kb ECHS Smart Card applied successfully but cards awaited.

(c) 32 Kb ECHS Smart Card holder and not yet applied for new 64 Kb ECHS Card due to 32 Kb ECHS Card not completed 10 years from date of issue.

(d) NRIs who have yet to apply for new 64 Kb Cards.

(e) ECHS beneficiaries, who could not apply for new 64 Kb ECHS Card due to Aadhar Card not possible to be made for them.

(f) Applied for New 64 Kb ECHS Smart Card but application under observation.

(g) Temporary Slip holder and not applied for new 64 Kb Cards. (

(h) 16 Kb Card holders not applied for new 64 Kb Cards.

3. To sensitize the environment with the status and verification process of various Cards/documents/cases listed above, case by case information is provided in the succeeding paragraphs.

4. **New 64 Kb TECHS Somart Cards Obtained**.

(a) The new 64 Kb Cards issued to the beneficiaries are preactivated Cards. A Kiosk is being in- stalled with necessary software Pan India in a phased manner to automate the Smart Card process at polyclinics. ECHS services will continue to be provided to such category of persons.

(b) Polyclinics where the new equipment is not yet installed, 64 Kb Cards will keep getting their enti- tled treatment and these Cards to be used as visual identity and handled as Temporary Slip to pro- vide ECHS treatment including referral of beneficiary to empanelled hospitals. In case an individ- ual who has collected new 64 Kb Card and wants to change the data or has already lost it, then a provision has been created online to fill up online application for loss of 64 Kb Card/change in da- ta.

5. **New 64 Kb ECHS Smart Card Applied Successfully but Cards Awaited,** These category of beneficiaries have the facility to down load temporary slip once they login using their login credentials. These temporary slips are now valid for six months in first stage and have to be authenticated by the OIC of their respective parent polyclinic. In case for some reason, the new 64 Kb Cards do not reach the beneficiary in six months then temporary slip can be further extended by another three months by the OIC parent polyclinic. These temporary slips enable the beneficiary all entitled treatment. After receipt of Cards, these category of persons will utilize the facilities as per Para 4 above.

6. **32 Kb ECHS Card Holders & Not Yet Applied for 64 Kb Cards**. All 32 Kb Cards are valid for 10 years from date of issue. This category will continue getting their entitled treatment till these Cards are valid. They will have to apply for 64 Kb Cards, at least six months prior to the termination of 10 yr validity period. Subsequent treatment will depend on lines of 64 Kb Para 4 above. These persons can apply for new 64 Kb Cards earlier than completion of 10 year validity period.

7. **NRIs who have Yet to Apply for New 64 Kb Cards.** These category of beneficiaries can apply for new 64 Kb Card online as an exception is being created in the Online Application module for these category of beneficiaries. This is likely to be available online by 31 Dec 2018. In this connection please refer to Central Org, ECHS letter No B/49711-DBT/AG/ECHS dated 09 Nov 2018 (Copy attached for ready reference). These persons must apply at the earliest but not later than 30 Jun 2019. Their current membership Card will be valid till 30 Jun 2019.

8. **ECHS Beneficiaries who could Not Apply due to Aadhar Card Not Possible to be Made**. These category of beneficiaries who are unable to prepare Aadhar Card due to age related issues or medical condition of the individual will be governed as per Central Organisation letter No B/49711-DBT/AG/ECHS dated 09 Nov 2018 (Copy attached). A provision for the same is being made for online application by 31 Dec 2018. These persons must apply at the carliest but not later than 30 Jun 2019. Their current membership Card will be valid till 30 Jun 2019. While they can apply till 30 Jun 2019, they must come to polyclinic for treatment alongwith Non feasibility of 'Aadhar generation certificate after 31 Mar 2019

9. **Applied for New 64 Kb Smart Card but Application Under Observation**. These category of beneficiaries will fall under the following categories :

(a) 32 Kb Card holder will keep getting his entitled medical benefits based on his 32 Kb Card.

(b) Temporary Slip holder to get his temporary slip extended by another three months from the OIC parent polyclinc to get entitled medical benefits. However, the beneficiary should get observations cleared on priority

They will be ineligible if the observations are not rectified by 31 Mar 2019.

(c) 16 Kb Card holder can down load temporary slip online which will be valid for six months. This temporary slip has to be validated by the OIC parent polyc inic. However, the beneficiary should get all observations cleared on priority and must be settled latest by 31 Mar 2019.

10. **Temporary Slip Holder and Not Aapplied for New 64 Kb Cards**. All Temporary Slip holders to apply for new 64 Kb ECHS Card on priority. Any ESM approaching Polyclinics for medical treatment will be required to first fill the Online Application for 64 Kb Card at the Facilitation Centre of the Polyclinics & then avail the facilities. Observation in Online Application, if any should be cleared latest by 31 Mar 2019.

11. **16 Kb ECHS Card Holder and Not Yet Applied for New 64 Kb ECHS Card. 16 Kb ECHS Cards** will expire on 31 Dec 2018. All 16 Kb Card holders wef 01 Jan 2019 on approaching ECHS polyclinics to avail any medical facility will have to fill up online application for new 64 Kb Card at the Facilitation Centre located at the polyclinic. On successful filling up of the online application, provision will be made to enable down loading of a temporary slip which will be valid for six months after countersignature from OIC, parent polyclinic. The beneficiaries will be able to get entitled medical cover on production of temp slip and 16 Kb Card! The process of filling up of online application and clearing of observation if any should be completed latest by 31 Mar 2019.)

12. In case beneficiary is a case of emergency, he/she will be allowed treatment subject to his/her being authorized ECHS member at the discretion of OTO Polyclinic after due deliberation. All actions pertaining to new 64 Kb Card making can follow subsequent to medical examination &/or treatment.

13. This information may be disseminated to the environment for information of all ECHS beneficiaries. All Regional Centres will ensure that all polyclinics under them are informed on priority.

(Rakesh Kakar)
Colonel (Retd)
Jt Dir (Stats & Automation)
for For MD ECHS

Copy to:

Directorate of Air Veterans-III

Subroto Park, New Delhi-11001

Coast Guard Veterans Cell,
Coast Guard HQ New Delhi,

DIAV/DESA

HQDG NCC, West Block
-IV RK Puram, New Delhi .

Internal :

All Sections - S & A Section to upload an ECHS website and instr UTI to fwd to all empanelled hospitals.

Tele: 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD
(Army), Thimayya Marg, Near
Gopinath Circle,
Delhi Cantt-110 010

B/49711-NSC/AG/ECHS

11 Mar 2021

NEWWORKFLOW FOR POLYCLINIC TO POLYCLINIC REFERRAL TRANSFER

1. Pleaserefer to CO ECHS letter No. B/49711-New Smart Card/AG/ECHS dated 27 Feb 2019 (Copy attached).

2. A workflow duly approved by the competent authority to create additional facility to provide referral to ECHS beneficiaries at Parent Polyclinic for out station empanelled Hospital is attached. You are advised to implement the software by 19 Mar 2021.

(RakeshKakar)
Col (Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

SourceDOTcom Pvt. Ltd:
K7/35, DLF Phase-II
Sector-25, Gurugram
Haryana - 122002

New Workflow for Polyclinic to Polyclinic Referral Transfer

Beneficiary visits PolyclinicA(Parent Polyclinic)

Doctors Generates referral letter for Polyclinic B

OIC Polyclinic A (Parent Polyclinic) approves referral letter using DSCand MAC Bind system

OICPolyclinic B gets online intimation & approves/referral letter intimation using DSC and MAC Bind System

OIC Polyclinic A (Parent Polyclinic) gets onlineapproval intimation from OIO Polyclinic B on the same referral letter

.

System allows OIC Polyclinic A (Parent Polyclinic) to generate and download the referral letter for the empanelled facility under AOR of OIC Polyclinic B Regional Center

Beneficiary gets areferral letter from Polyclinic A (Parent Polyclinic)
that can be used for Empanelled Facilities under Polyclinic B

Note: Stops

1. At the Polyclinic B, no data related to beneficiary/history scenario as the beneficiary is not visiting Polyclinic B, only the referral data can be updated to polyclinic B.

2. Referral Letter will have referral number of Polyclinic A and will be available to generate Claim ID by BPA under AOR of Regional Center of Polyclinic B only.

3. Referral letter validity will start from the date of generation of referral letter by Polyclinic A.

Tele: 25684645
Telefax: 011-25684946
Email : jditechs 1 @echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD
(Army), Thimayya Marg, Near
Gopinath Circle,
Delhi Cantt-110 010

B/49711-NewSmartCard/AG/ECHS

27Feb 2019

All Regional Centres

……..

REFERRAL PROCEDURE TOEMPANELLED HOSPITALS
FOR 64 KB CARDS HOLDERS

1. The new 64 Kb Smart Cards have been collected by a number of ECHS beneficiaries and are now in use at various Polyclinics. The new hardware has already been issued to all the Polyclinics and are being installed in phased manner by the vendor. At present, installation of new equipment for all the Polyclinics under Regional Centre Delhi- 1 and Regional Centre Delhi-11 is complete and functional. To ensure 64 Kb Cards holders get referral to the empanelled Hospitals through the new system, (where new hardware & software has been installed) on online software solution has been implemented. The detailed procedure is given at succeeding Paragraphs.

Action at the Polyclinic

2. Action by the ESM The ECHS beneficiaries on reaching the parent Polyclinic will register and seclect a Doctor to be consulted through the Kiosok/iCAT and a token will be generated which will have a queue number.

3. The ECHS beneficiary will report to the Doctor as per his token/queue serial. Based on his medical condition either he will be disposed off at the polyclinic or he will be referred for further treatment to any Einpanelled medical facilities, located within the area of responsibiliy of concerned Regional Centre (No hospital will be specified). He will be issued with a referral form which will have a Referral Number and basic details of the beneficiary. A sample Referral form is attached as Annexure I.

4. Action by the OIC Polyclinic The Referral Form will be digitally signed by the OIC, Parent Polyclinic, hence, not required to be physically signed.

Action at the Empanelled Hospital

5. The ECHS beneficiary on reaching the Empanelled Hospital of his choice, within the area of responsibility of the Regional Centre will provide his referral form and his 64 Kb Card to the hospital. The Empanelled Hospital will access the UTI-ITSL site and feed the Referral Number. A Claim ID will be generated from the UTI-ITSL site and the Referral Number and Claim ID will get locked. The Referral Number, now cannot be used at any other Empanelled Hospital.

Contd ...2/

6. Referral to Empanelled Hospital outside the Area of Responsibility of the Regional Centre of the Parent Polyclinic The procedure to be adopted by ECHS beneficiary to take referral to an Empanelled Hospital outside the area of responsibility of Regional Centre of parent polyclinic is given as under :

(a) He will obtain a referral from his parent polyclinic for the specified medical condition.

(b) He will online identify the Empanelled Hospital where he wishes to take medical treatment. Based on the Hospital location he/she will identify polyclinic closest to the empanelled facility where treatment is desired. Visit the polyclinic and register on the Kiosk/iCat and select a Doctor and generate token & queue number.

(c) Meet the Doctor as per bis queue number and take a referral.

(d) The Doctor will enter the Referral Number in his module and an auto populated Referral Form will be displayed to the Doctor. The Doctor will generate the Referral and this will have new Referral Number and the earlier Referral Number will become ineffective.

(e) Consequent to the approval by the OIC polyclinic, a digitally signed printout will be generated with new Referral Number duly entered with the original (old Referral number, which is rendered ineffective) The earlier Referral Number will become ineffective.

(f) TheECHS beneficiary will visit thechosen Empanelled Hospital and produce their Referral and the new 64 Kb Card.

(g) The hospital will access the UTI-ITSL site and once the new Referral Number is entered a claim ID will be generated and both the Referral Number and claim ID will get blocked. This Referral Number now cannot be used at any other Empanelled Hospital.

Actionincasewhere New Equipment is Not Installed or is Non Functional

7. In case where the new equipment has not been installed or is non functional, then the referral will be generated through the existing system.

8. This information will be disseminated to all Polyclinics and displayed at prominent places for information of ECHS beneficiaries.

Contd ...3/

9. All Regional Centre, Directors to ensure this information is conveyed to the empanelled facilities under respective Regional Centres.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Stats & Automation)
for Offg
MD ECHS

Copy to :

M/s Source DOTcom Private Limited, K7/35, DLF Phase-II, Gurugrain, Haryana-122002	-	For information and necessary action
M/S UTI-ITSL UTI Bhawan, Plot No 3, Sector 11 CBD Belapur, Navi Mumbai Maharashtra-400 614	-	For information and necessary action.

2/6/2019

EX-SERVICEMENCONTRIBUTORY HEALTHSCHEME
REFERRAL FORM
Polyclinic: STPC

Patient Registration

Claim ID	NA
Referral No.	043000000000020
Validity Upto	08-03-2019
Date Of Issue	06-02-2019
No. Of Session Allowed	10

Patient& ESM Information

Nameof Patient	SDCPLTEST CARD TWO	Age	29
Gender	Male	Relationship with ESM	Spouse
UIDAI(Aadhar) Number			
Service No	19099	Card No	4288416
ESM Name	SDCPLTEST CARD ONE	Force Type	Army
ESM Contact Number	7005252881	Email ID	echs@source.com

Clinical Findings

Blood Pressure (BP)	154
Pulse	29
Cardio Vascular System(CVS)	nm
Respiratory System (RS)	no
Abdomen	nm
Central Nervous System (CNS)	nm
Other	

Provisional Diagnosis

Clinical.
Testing Referral Generation from source pc
Admission.
Testing
Investigation
.
Consultation For

Referred to	empaneled		
Attendant Reimbursement	No	Travel Reimbursement	No
Polyclinic Remarks	Remarks when the doctor attend the patient		

OICSTP C

The referral letter is digitally signed by OIC hence no Ink signature is required

Tele : 25684645
Telefax: 011-25684946
Email : jditechs 1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD
(Army), Thimayya Marg Near
Gopinath Circle,
Delhi Cantt-110 010

B/49711-IT/AG/ECHS/Gen Corr

11 Mar 2021

IHQ of MOD (AirForce) IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
HQ ANC
HQ SFF & HQ Coast Guard

All Regional Centres

HANDINGOVER OF ECHS SMART CARDS TO ECHS BENEFICIARIES

1. Pleaserefer to CO, ECHS letter No. B/49711-IT/AG/ECHS/Gen Corr dated 11 Nov 2020 (Copy attached).

2. Suitable software has been implemented to enable parent polyclinics to distribute new 64 Kb ECHS cards to their respective beneficiaries. The details of actions which Station HQ and Polyclinics can take for distribution of cards is given at succeeding paragraphs.

3. Station HQ The station HQ will be able to perform the following activities using existing login credential for all the polyclinics under its jurisdiction:

(a) Receive cards online.

(b) Processing of online invoices.

(C) Generate OTP for collection of cards.

(c) Request OTP.

(d) Handing over of cards.

4. Polyclinics All Polyclinics will go to link/website https://Pccd echs.sourceinfosys.com and login using their respective login credentials and will be able to perform following activities:

(a) Will have only access to thecards for their respective Polyclinics.

(b) Generate OTP for collection of cards if not already generated by Stn HQ.

(c) Request OTP

(d) Handing over of cards.

5. The SMS being sent by Stn HQ/Polyclinic with OTP to beneficiaries for collection of cards will be suitably modified to convey that the "ECHS cards have to be collected from respective Parent Polyclinics".

6. All station HQ are advised to process for one ID and password each for all polyclinics under their jurisdiction as per Para 3 (a) of letter under reference if not done till date.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Tele : 25684645
Telefax: 011-25684946
Email : jditechs 1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD
(Army), Thimayya Marg Near
Gopinath Circle,
Delhi Cantt- 110 010

B/49711-IT/AG/ECHS/Gen Corr

11 Nov 2020

IHQ of MOD (AirForce) IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
HQ ANC
HQ SFF & HQ Coast Guard

All Regional Centres

HANDINGOVER OF ECHS SMART CARDS TOECHS BENEFICIARIES

1. Pleaserefer CO ECHS letter No. B/49711-IT/AG/ECHS dated 13 Sep 18. (Copy enclosed).

2. As per Para 5(d) of letter under refer the station HQ's can also distribute the new 64 Kb ECHS cards at Polyclinics. As per feedback from the environment there are few station HQ's who have started distributing cards from polyclinics under their jurisdiction. Hence, a procedure to distribute the cards from Polyclinics is given at succeeding Paragraphs.

3. **Action at Stations HQ's**

(a) All Station HQ's to requisition from CO ECHS for one ID and password each for all Polyclinics under their jurisdiction. The format and details required to be submitted to CO ECHS are given at Appx A attached.

(b) The cards at station HQ's be handed over to Oslc of respective polyclinics for activating and distribution. The OsIC will distribute the cards after checking the required documents and account the same. The documents will be forwarded to Stn HQ's once a month and account for the cards distributed.

(c) The Stn HQ's will remain responsible for accounting of cards under their Area of Responsibility.

4. **Action at Polyclinics**

(a) All polyclinics to collect new 64 Kb ECHS cards from the station HQ's

(b) Activatethe new ID's and password received from station HQ's.

(c) Handover new cards to the beneficiaries as per letter under reference and as per instructions received from their respective station HQ's.

5. All Stn HQs are requested to forward the requition to COD ECHS (S&A Sec) through mail by 25th of Nov 2020.

(RakeshKakar)
Col (Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to:

DOESW

Tele : 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSCIAG/ECHS/Workflow

11 May 2021

All Regional Centers

All Record Office

ECHS Branch
Embassy of India
Kathmandu(Nepal)

ECHSTICKETING SOFTWARE

General

1. A ticketing system software has been implemented for efficient functioning of the complete ECHS eco system which is now increasingly getting automated. This ticketing system will enable all the stake holders to report faults online in the hardware and software being used by their respective organizations. The faults reported will automatically allocate the responsibility for ratification to the Technical Support Engineer (TSE) of Source Dot Com Pvt. Ltd (SDCPL) and keep updating the status online. All stake holders will be able to monitor progress of the faults raised and also escalate if not rectified within the laid down time frame.

Stake Holders

2. A list of stake holders who will be provided withthe online ticketing system is given as under:

(a) Central Organisation ECHS

(b) All station HQ

(c) All Record Office

(d) All Regional Centers

(e) All ECHS Polyclinics

(f) ECHS Helpline

(g) Call center maintained by SDCPL.

4. All stake holders to request for username and password to CO ECHS at email id-iditechs-mod@nic.in using their respective official email IDs only. The username and password will be generated by SDCPL and forwarded to CO ECHS which will then be forwarded to the respective stake holder on their official email ID.

5. The system will provide following two options to raise online ticket:

(a) Ticket to request for online training of the modules used in the 64Kb ECHS system.

(b) Ticket to report hardware and software faults.

6. **Training Ticket.** The stake holder can request for training of its users twice a year due to rotation of its employees and also for all newly introduced modules.

7. **Ticket raising for Hardwar/Software Faults**. The user is required to login using online credentials. The ticket raising will have following fields:

(a) New ticket generation.

(i) To raise a new ticket, click on raise new ticket

(ii) Enter own mobile number (For communication purpose related to the ticket raised)

(iii) Select the issue category as Hardware/Software.

(iv) Then select sub category of the fault/issue to be reported like, issue of token display, server.etc.

(v) The system will automatically define the priority based on issue category.

(vi) Suitable subject be mentioned like KIOSK faulty, server not functional, Doctor Module not functional etc.

(vii) The system will generate a ticket number and clicked on the Submit Tab.

8. **Ticket Reports**

(a) The system will facilitate to give ticket status report under the following heads:

(i) Open ticket list.

(ii) Complete Ticket list.

(iii) Closed ticket list.

(b) System will display a complete Audit log of the ticket with the remarks of all users who have worked on the ticket.

(c) Once a ticket is completed by SDCPL then the system will give a window of 24 hours for the user to either re-open the ticket or close the ticket depending on the situation whether the issue is resolved or still not satisfactorily resolved.

(d) In case no action is taken by the user to either close or re-open the ticket then the system will automatically close the ticket after 24 hours of resolving the projected issue.

Conclusion

8. All stake holders are requested to use the online ticketing system for rectification of any fault observed in the 64 Kb ECHS system.

(JM Gurung)
Col
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to:

Source DOT com Pvt. Ltd:
K7/35, DLF Phase-II
Sector-25, Gurugram
Haryana - 122002

: for info and necessary action please.

Tele : 25695245
Telefax : 011-25684946
Email : jditechs-mod@nic.in

Central Organisation ECHS
AdjutantGeneral's Branch
IntegratedHQ of MOD (Army)
Maude Lines
Delhi Cantt-110 010

B/49711-Payment /AG/ECHS/Online Invoices 18Mar2021

All Regional Centres

ONLINE PROCEDURE FOR VERIFICATION OFINVOICES BY REGIONAL CENTRES ANDSTATION HEADQUARTERS

1. Please refer to SOP for payments to Source Dot Com Private Limited for 64 KB ECHS Cards delivered at Regional Centres dated 11 Apr 2019

2. It is intimated that after the initial hardware and software is installed at Polyclinics under respective Regional centres the initial payment procedure is offline as per Para 16 & 20 (b) of SOP under reference B/49771- Payment/AG/ECHS dated 11 Apr 2019 subsequent payment of invoices for new 64 KB ECHS Card will be based on online Procedure for confirmation of online invoices raised by vendor.

3. Various actions to be taken by stake holders are covered at subsequent Paragraphs.

4. **Action by Source Dot Pvt Ltd (SDCPL).**

(a) SDCPL will raise online invoices to respective Regional Centres and Station HQ's on 16th and last working day of the month.

(b) Pendingstatus of Invoices at Station HQs, Regional Centres be updated on every occurrence on respective dashboards.

(c) To clarify doubts on the procedure and also rectify any software malfunction at Stn HQ/Regional Centre and Polyclinics.

(d) Toreply to queries, if any on the issue at email echsrc@sourceinfosys.com, helpdesk@sourceinfosys.com.

5 .**Action by Station HQ.**

(a) Access"List of invoices Raised" tab on the station HQConsole o last working day of every month.

(b) Select the invoice, process the invoice based on cards received and upload details of cards received by the dealing hand.

(c) A step by step guide of Station HQ online module on the procedure for handling online invoices is attached as Appx 'A'.

6. **Action by respective Regional Centre**

(a) Access"List of invoices" tab.

(b) Select Date of Invoice

(c) View Details

(d) Compare& Compile Station Headquarter wise approval status.

(e) Pursueall station HQs where status is pending.

(f) Compile and submit the invoices approved once received from all station HQs.

(g) A Step by Step guide of Regional Centre online module on the Procedure for handling online invoices is given at Appx 'B'.

7. All the Regional Centres are requested to disseminate the procedure to Station HQ affiliated to their respective Regional Centre by 10 Mar 2021

.

(RakeshKakar)
Col(Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

Encl: As stated

Tele: 25684645
Telefax: 011-25684946
Email : jditechs 1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSC/AG/ECHS/ 07 May 2021

(All Regional Centres)

ECHS Branch

Embassy of India
Kathmandu(Nepal)

MANAGEMENT OF NEW 64 KB ECHS FAULTY CARDS

General

1. The ECHS Beneficiaries in few cases after collecting the new 64 Kb ECHS cards have reported that their new Cards have some type of printing error or do not function properly at the polyclinic. To identify and manage such faulty cards a software solution has been implemented

2. A detailed procedure to identity and manage faulty new 64 Kb ECHS Cards is given at succeeding Paragraphs.

Types of Faults

3. Visual Fault. Once the ESM/Primary Beneficiary collects the cards from the station HQ/Parent Polyclinic he/she must check if the card has any type of following visual faults:

(a) The data printed on the new card is different from the data approved by the record office in the online application submitted by the ESM/Primary Beneficiary

(b) The card is partially printed or the printing quality is such that it is not legible.

4. **Chip Faulty**. Once ESM /primary beneficiary collects the card and online status of the application shows cards handed over, the ECHS beneficiary is required to go to the polyclinic and change the PIN to activate the card. At that time following faults if observed by the beneficiary will be attributable to faulty chip:

(c) The PIN cannot be changed

(d) The card initially or when subsequently used cannot be detected by the KIOSK / CAT.

Action at the Parent Polyclinic

5. The ECHS beneficiary will report to the OIC parent polyclinic with the faulty card.

3 OICparent polyclinic will take following actions:

(a) Open online faulty card module and insert the faulty card in the card reader and click detect card. In case the card can be detected by the system and data is displayed then it is not a chip fault. In case, card cannot be detected by the card reader then the chip on the card is faulty.

(b) In case of visual fault only, the OICpolyclinic will take following actions:

(i) Compare data with online application of the individual and only in case of an anomaly, proceed to make the fault as visual fault.

(ii) Select the fault as visual fault in the module.

(iii) Uploadthe photo of the front and backside of the card

(iv) Submit by clicking on the tab marked as faulty card and send to Regional Centre.

(c) In case of chip fault then the OIC polyclinic will take following actions:

(i) Click on chip fault in the faulty card module.

(ii) Entercard number without prefix.

(iii) Re-entercard number and click on search.

(iv) System will load the details of the card number entered. Compare the details detected by the system and mentioned on the card

(v) Enter suitable remarks.

(vi) Click on 'mark faulty card and send to Regional Center Tab.

4 Once the card is marked faulty, the card will be blocked by the system and temporary slip of the individual will get activated. Beneficiary can download the temporary slip from the online application and use until card is handed over back after rectification.

5. Once a card is marked as faulty, the same is required to be dispatched to Regional Centre for rectification both physically and online

Action at Regional Centre

6. Theconcerned Regional Centre on receipt of card from Polyclinic will check the card and mark the card as received online.

7. Dispatch all cards from all Polyclinics in one packet to Source Dot Com Pvt Ltd (SDCPL) and also mark online as dispatched to SDCPL.

Action at SDCPL

8. On receipt of cards physically, mark online as received cards.

9. Rectify the fault of the cards and return the rectified cards to respective Regional Centres and also suitably mark the dispatch details online.

Handing Over of Faulty Cards

10. On receipt of cards at Regional Centre the same will be marked online as received and then dispatched to respective Polyclinics both physically and also marked dispatched online to Polyclinic card wise.

11. The OIC Parent Polyclinic on receipt of cards will check the cards and hand over the cards to the beneficiary. Once the card is physically handed over the OIC will mark online as card handed over.

12. At this stage the card will get activated and the temporary slip earlier downloaded will get deactivated.

13. All Regional Centres are requested to dissiminate the information to all Polyclinics under their respective jurisdiction.

(Rakesh Kakar)
Col (Retd.)
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to:

Source DOT com Pvt. Ltd:
K7/35, DLF Phase-I!
Sector-25, Gurugram
Haryana - 122002

: for info and necessary action please.

M/S UTI-ITSL
UTI Bhawan Plot No-3, Sector-11 CBD
Belapur, Navi Mumbai Maharashtra - 400614

Tele : 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSCIAG/ECHS/Guest User

13 May 2021

All Regional Centres

ECHS Branch
EmbassyofIndia
Kathmandu
(Nepal)

PROVISIONOF GUEST USER AT ECHS POLYCLINICS

1 Refer to CO ECHS letter No B/49711-NSC/AG/ECHS/Gen Corr dated 03 Dec 2020

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2. Detailed instructions on the validity of ECHS Cards and offline Temporary Slip was promulgated vide letter under reference. The validity of ECHS Cards and offline Temporary Slip is given as under:

(a) 16 Kb ECHS Cards – validity expired on 31 Dec 2018 which was further extended up to 31 Mar 2021.

(b) 32 Kb ECHS Cards- valid till further orders.

(c) Offline Temporary Slip – valid till 31 Mar 2021.

3. It is seen that a few ECHS beneficiaries holding 16 Kb ECHS Cards/ offline Temporary Slip have still not upgraded to new 64 Kb ECHS Cards and are approaching Polyclinics to provide Medical Cover. The new 64 Kb ECHS System cannot read these expired 16 Kb ECHS Cards and offline Temporary Slips and the new system also do not support 32kb card that may have developed technical snag/fault.

4. To provide medical cover to such cases a software solution has been implemented which is named as Guest Users. A detailed instruction on the use of Guest User software is given in succeeding Paragraphs.

5. The Guest User will be applicable only to the following category of ECHS Beneficiaries who have not so far applied online for new 64 Kb ECHS Cards:

a. 16 Kb ECHS Card Holders.

b. 32 Kb Card Holders incase card is faulty.

6 All OIC Polyclinics have been provided a software module to register ECHS Beneficiaries as guest user to provide emergency medical cover. The OIC Polyclinic will take following actions:

(a) In case an ECHS Beneficiary reports under emergency with 16 Kb/offline Temporary Slip or incase his/her 32 Kb Card is not functional then OIC polyclinic will Register using guest user module with his digital signature. The details required at the time of registration in the module will be as under:

(i) Name.

(ii) ESM Service Number.

(iii) ESM Mobile Number.

(iv) Password be created.

(v) Answer to Security Questions

.

(b) System will check for service number and mobile number validation. System will allow registration if service no and mobile no does not exist.

(c) After registration by the OIC using his digital signature, the beneficiary will require to get following details filled at the reception of the polyclinic:

(i) ESM Category Type.

(ii) ESM Gender.

(iii) ESM DOB.

(iv) Last Unit served (Optional).

(v) ESM Service

(vi) . ESM Date of Commission/Enrollment.

(vii) ESM Date of Retirement/Discharge

(viii) ESM Category

(ix) ESM Rank.

(x) ESM Record Office.

(xi) Type of Pension

(xii) ESM alive/Demise status.

(xiii) ESM PPO Number (optional).

(xiv) Old Card Number

(d) FollowingDependent details will be required:

(i) Beneficiary Name

(ii) Gender.

(iii) Mobile Number

(iv) Disability if any.

(v) DOB.

(vi) Address.

(vii) Marital status

(viii) Blood Group

(ix) Regional Centre

(x) Parent Polyclinic

(xi) Station HQ.

(e) At the time of registration document will be optional. However, old ECHS Card/Offline Temporary Slip available will have to be uploaded as a mandatory document.

(f) The Payment will have to be made online by the beneficiary and then download online Temporary Slip. The beneficiary can take entitled Medical Cover using the online temporary slip after getting it counter signed by the OIC parent polyclinic.

(g) The Beneficiary can use the facility for one month only. The ESM / Primary beneficiary will have to complete online application within one month and get it verified from the OIC of parent polyclinic to continue getting entitled, medical facility.

(JMGurung)
Col
JtDir(Statistics &Automation)
for MD ECHS

Tele : 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSC/AG/ECHS

14 Jul 2021

IHQ of MoD(AirForce) IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Regional Centres

TRANSFER OF CARDS BETWEEN POLYCLINICS

1. The ESM/primary beneficiary at present is applying for new 64 kb ECHS cards online and the cards once printed are finally handed over from parent polyclinics. It is observed that in few cases the ESM/Primary beneficiary has relocated himself/herself and then wants the cards to be collected from a polyclinic which is now close to the new address.

2. A software module has been implemented to assist transfer of new 64kb ECHS cards from one polyclinic to another. The procedure is explained in succeeding paragraphs.

3. The ESM/primary beneficiary will apply by way of email/letter to the OIC parent polyclinic where the cards have reached as per online ECHS application giving out following details:

(a) Service No. Rank Name
(b) Online ECHS application No.
(c) Registered Mobile No.
(d) Present Contact Mobile No.
(e) OTP if received
(f) Details of new polyclinic where the cards are required to be forwarded.
(g) List names of beneficiaries whose cards have to be forwarded.

4. The OIC polyclinic on receipt of the request will feed the OTP for all cards requested and an auto populated letter will be generated which can be printed and signed by the OIC parent polyclinic. This letter and card will be forwarded by the registered post to the new polyclinic as requested by ESM/primary beneficiary with copy to the ESM/primary beneficiary. In case OTP is not provided by the beneficiary then the OIC to follow request OTP procedure and show electronically cards handed over then only the letter will be generated.

5. The ECHS beneficiary may please note that since the OTP will be entered in the system before the cards are handed over, the temporary slip will not function in the period when the cards are in transit.

6. In case cards get lost in transit then the ESM/primary beneficiary will have to block the cards online and apply for reprint under loss of ECHS cards.

5. This supersedes CO, ECHS letter No. B/49711-NSCIAG/ECHS dated 28 Jun 2021.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to:

Source DOTcom Pvt. Ltd. DLF Phase-11 Sector-25, Gurugram Haryana- 122002	-	1. For information and necessary action please. K7/35, 2. Summary report of all such request should be available to PCs, Stn HQ RCs and Central Org for monitoring through portal.
M/s UTI-ITSL Bhawan, Plot No.3, Sector-11 CBD Belapur, Navi Mumbai Maharashtra-400614.	-	For information and necessary action please. UTI

Tele: 25684645
Telefax: 011-25684946
Email : jditechs 1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSC/AG/ECHS

15 Jul 2021

(All Regional Centres)

ECHS Branch
Embassy of India
Kathmandu(Nepal)

REFERRAL PROCEDURE TO EMPANELLED HOSPITALS FOR ECHS BENEFICIARIES

General

1. All ECHS beneficiaries are provided medical cover through a network of Regional Centres and Polyclinics spread across the country and also Polyclinics located at Nepal. To provide Specialized Medical Cover ECHS beneficiaries are referred to Civil Health Care Organisation which have been empanelled by Regional Centres in their respective Area of Responsibility. The specialized Medical Cover is also provided by Military Hospitals and also by Research and Referral (R&R) Hospital located at Delhi to ECHS beneficiaries on being referred by ECHS Polyclinics.

2. There are ECHS Polyclinics which are located with a Military Hospital and have been nominated as Military Polyclinics. A list of 128 Military Polyclinic is given at Appx 'A' attached. The Military Polyclinics to manage Specialized Medical condition of its beneficiaries are first required to refer them to these affiliated Military Hospitals in case of availability of Specialized Medical Facilities in the Military Hospital. In such cases the beneficiary will either be treated at the Military Hospital or will be recommended/referred to empanelled Hospital for further management of the beneficiary.

3 A detail referral procedure is given in succeeding Paragraphs.

Referral To Empanelled Hospital Within The Area Of Responsibility Of The Regional Centre Of The Parent Polyclinic

4 Action by the ESM at Parent Polyclinic.

(a) The ECHS beneficiary on reaching the Parent Polyclinic will register and select a Doctor to be consulted through Kiosk/ICAT and a token will be generated which will have a queue number.

(b) The ECHS beneficiary will report to the Doctor as per token/queue serial. Based on the medical condition, the ECHS beneficiary will either be provided medical treatment at the Polyclinic or will be referred for further treatment to empanelled Hospital or Military Hospital

.

5 Action by the Medical Officer at Parent Polyclinic.

(a) case the Parent Polyclinic is a Military Polyclinic, the ECHS beneficiary will be referred either to the affiliated Military Hospital or Empanelled Hospital based on following considerations:

(i) If specialist for the required medical condition is posted and present in the Military Hospital as also adequate capacity to accommodate the ECHS beneficiary is available, the ECHS beneficiary will be referred to Military Hospital.

(ii) If any of the a/m conditions are not met, the ECHS beneficiary will be referred to Empanelled Hospital.

(iii) OIC Military policlinic will endeavour to keep an updated data of the affiliated Military Hospital on the availability of specialist and also the beds.

(b) A sample referral to Military Hospital is attached as Appx B.

(c) In case the Parent Polyclinic is not a Military Polyclinic then based on the Medical condition the beneficiary will either be provided medical treatment at the Polyclinic or will be referred for further treatment to Empanelled Hospital located within the Area of Responsibility of concerned Regional Centre (no Hospital will be specified). He/she will be issued with a referral form which will have a referral number and basic details of the beneficiary. A sample referral form is attached as **Appx C.**

6. Action by the OIC Parent Polyclinic. The referral form will be digitally signed by the OIC Parent Polyclinic and will hand over a print out to the ECHS beneficiary. No signature and/ or official seal is required to be put on the referral print out.

7. Action at the Empanelled Hospital. The ECHS beneficiary on reaching the Empanelled Hospital of his/her choice, within the Area of Responsibility of the Regional Centre will provide the referral form and valid ECHS Card to the Hospital. The Empanelled Hospital will access the UTI-ITSL site and feed the referral number. A claim ID will be generated from the UTI-ITSL site and the referral number and claim ID will get locked. The referral number now cannot be used at any other empanelled Hospital.

Referral From Parent Polyclinic For Hospital Out Side The Area Of Responsibility of The Regional Centre Of The Parent Polyclinic

8. The procedure to be adopted by the Parent Polyclinic to give referral to ECHS beneficiary to utilize the facility of Empanelled Hospital or Military Hospital outside the Area of Responsibility of the Regional Centre of the Parent Polyclinic is given in succeeding Paragraphs.

9 Action by the ECHS Beneficiary at the Parent Polyclinic.

(a) Thebeneficiary will take action to report to the Doctor at Parent Polyclinic as given at Para 4(a) & (b) above.

(b) The ECHS beneficiary will ask for referral from the Doctor for the Specialized Medical condition either for Empanelled Hospital or Military Hospital.

10 Action by the Doctor at Parent Polyclinic.

(a) In case the referral has to be given to the Military Hospital outside the Area of Responsibility then the beneficiary will identify the Military Polyclinic affiliated to desired Military Hospital. The Doctor will generate the referral

(b) In case the referral has to be given to an Empanelled Hospital then the Beneficiary will identify Polyclinic closest to the Empanelled facilities where treatment is desired. The Doctor will generate online referral after entering necessary details.

11. Action by the OIC Parent Polyclinic. The OIC Parent Polyclinic will approve the referral using digital signature online and then referral will be visible to the OIC of out station Polyclinic for approval.

12 Action by the OIC, Out Station Polyclinic. The Out Station Polyclinic in case is a Military Polyclinic then the OIC will have two options either to refer to Military Hospital or to Empanelled Hospital as per the status of availability of specific treatment at the affiliated Military Hospital. If the Out Station Polyclinic is a non Military Polyclinic, the OIC of the Out Station Polyclinic will approve referral to an empanelled hospital. Once the approval after exercising the option is given by the OIC of Out Station Polyclinic the referral will be visible to the OIC Parent Polyclinic to give print out to the ECHS Beneficiary.

13. Action by the ECHS Beneficiary. The beneficiary after collecting the referral will directly go to the referred Military Hospital or Out Station Empanelled Hospital w/o reporting to the concerned Out Station Polyclinic

14. Action by the Dir Regional Centre In case of Out Station referral. The OIC Out Station Polyclinic and the Dir Regional Centre will be responsible for such ECHS beneficiary for that particular referral and also for processing the IPD/OPD claim through UTI-ITSL.

Use Of Card Reader At All Polyclinic

15. A Card reader will be provided with the Doctor at each Polyclinic to read the details in the ECHS Card and also to save the Medical details immediately on occurence. Hence, the referral will only function when the ECHS Cards/Valid instrument is available with the ECHS beneficiary.

16 All Regional Centres are requested to disseminate this information to Empanelled Hospitals and Polyclinics under their respective jurisdiction.

17 This supersedes CO, ECHS letterNo. B/49711-NSCIAG/ECHS dated 27 Feb 2019.

(Rakesh Kakar)
Col (Retd.)
Jt Dir (Statistics& Automation)
For MD ECHS

Copy to:

Source DOTcom Pvt. Ltd:
K7/35, DLF Phase-II
Sector-25, Gurugram
Haryana - 122002
: Forinfo and necessary action

.
M/S UTI-ITSL
UTIBhawanPlot No-3, Sector-11
CBD Belapur, Navi Mumbai
Maharashtra -400614

APPENDIX A

LIST OF MILITARY POLYCLINICS

Ser No	Policlinics	Type	Type Regional Centre
1	Ajmer	D	Ahmedabad
2	Ahmedabad	C	
3	Barmer	D	
4	Jodhpur	B	
5	Jaisalmer	D	
6	Jamnagar	D	
7	Udaipur	D	
8	Vadodra	D	
9	Allahabad	D	Allahabad
10	Faizabad	D	
11	Gorakhpur	D	
12	Varanasi	D	
13	Ambala	C	Ambala
14	Nabha	D	
15	Nahan	D	
16	Patiala	B	
17	Sangrur	B	
18	Bangalore (Urban)	A	Bangalore
19	Bidar	E	
20	Belgaum	B	
21	Yelahanka (Bangalore)	D	
22	Agra	C	Bareilly
23	Bareilly	C	
24	Dharchula	E	
25	Haldwani	B	
26	Meerut	B	
27	Pithoragarh	A	
28	Ranikhet	E	
29	Shahjahanpur	D	
30	Balasore	D	Bhubaneshwar
31	Chandimandir	C	Chandimandir
32	Solan	D	
33	Shimla	C	
34	Rampur	E	
35	Avadi	C	Chennai
36	Chennai	B	
37	Port Blair	D	
38	Coimbatore	C	Coimbatore
39	Wellington	D	

LIST OF MILITARY POLYCLINICS

Ser No	Polyclinics	Type	Regional Centre
40	Dehradun	A	Dehradun
41	Joshimath	E	
42	Kotdwara	B	
43	Landsdowne	E	
44	Roorkee	D	
45	Saharanpur (Sarsawa)	D	
46	Agartala	D	Guwahati
47	Dimapur	D	
48	Guwahati	D	
49	Jorhat	D	
50	Masimpur	D	
51	Misamari	E	
52	Shillong	D	
53	Tawang	E	
54	Tenga	E	
55	Abohar	E	Hissar
56	Bikaner	D	
57	Bhatinda	C	
58	Faridkot	C	
59	Hissar	B	
60	Sirsa	D	
61	Sriganganagar	D	
62	Golconda	C	Hyderabad
63	Secunderabad	B	
64	Bhopal	D	Jabalpur
65	Gwalior	D	
66	Jhansi	D	
67	Jabalpur	D	
68	Mhow	D	
69	Pipariya	E	
70	Saugor	D	
71	Alwar	B	Jaipur
72	Bharatpur	C	
73	Jaipur	B	
74	Kota	D	
75	Mathura	D	
76	Amritsar	A	
77	Ferozpur	C	Jalandhar
78	Gurdaspur	A	
79	Jalandhar	A	
80	Kapurthala	C	
81	Moga	C	

LIST OF MILITARY POLYCLINICS

Ser No	Polyclinics	Type	Regional Centre
82	Akhnoor	D	Jammu
83	Baramulla	D	
84	Bakloh	D	
85	Chamba	E	
86	Jammu	A	
87	Junglot (Kathua)	C	
88	Khanabal	E	
89	Leh	D	
90	Palampur	D	
91	Poonch	E	
92	Pathankot	D	
93	Rajouri	D	
94	Srinagar	D	
95	Samba	C	
96	Udhampur	C	
97	Yol	A	
98	Kannur	B	Kochi
99	Kochi	B	
100	Barrackpore	C	Kolkata
101	Bengdubi	D	
102	Binaguri	E	
103	Gangtok	D	
104	Kolkata	B	
105	Kalimpong	E	
106	Lebong (Darjeeling)	C	
107	Salt Lake	D	
108	Fatehgarh	C	Lucknow
109	Kanpur	C	
110	Lucknow	C	
111	Karwar	D	Mumbai
112	Mumbai (Navy)	B	
113	Mumbai (Upnagar)	D	
114	Vasco-da-gama	D	
115	Amla	E	Nagpur
116	Nagpur	C	
117	Delhi Cantt (BHDC)	A	Delhi I
118	Ghaziabad (Hindon)	D	Delhi II
119	Danapur (Patna)	C	Patna
120	Gaya	D	
121	Ahmednagar	C	Pune
122	Aurangabad	D	
123	Devlali	D	
124	Pune	B	
125	Panaji	D	
126	Ranchi	C	Ranchi
127	Trivandrum	A	Trivandrum
128	Vishakapatnam	C	Vizag

Appendix'B
(refer.B/4971)-NSC/A
ECHS dt. Jul 21

Ex-Servicemen Contributory Health Scheme Referral Form Polyclinic : STPC

OIC	Brig ASHUTOSH	9856247856
Jt Dir (HS)	Brig 2 ANAND	9524881979
**********NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIXNOT REQUIRED***		

Referral Information

Referral No :	04300000177964
Validity Upto :	11-08-2021
Date Of Issue :	12-07-2021
No Of Session Allowed :	3
Patient Type :	OPD

Patient & ESM Information

Name Of Patient :	SDCPLTESTCARDTWENTY TWO	Age :	12.1
Gender:	Male	Relationship with ESM	Spouse
UIDAI (Aadhar Number):		Referred to:	test
Rank:	WO	Category:	Semi Private
Service No:	19099$	Card No :	000004876029
ESM Name :	SDCPL TEST CARD ONE	Force Type:	Army
ESM Contact Number :	7005252881	Email ID:	89binod@gmail.com

Clinical Findings

Blood Pressure (BP) :	no
Pulse :	no
Cardio Vascular System (CVS) :	no
Respiratory System (RS) :	no
Abdomen :	no
Central Nervous System (CNS) :	no

Provisional Diagnosis

Clinical Notes :	Test
Admission:	Test
Investigation :	Test
Consultation For :	Test

Referred To	Referred to Service Hospital		
Attendant Reimbursement:	No	Travel Reimbursement :	No
Polyclinic Remarks:	Test		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge STPC

Appendix 'c'
(Refer 6/4971-NSC/AGL/ECHS
dated Jul 21)

Ex-Servicemen Contributory Health Scheme
Referral Form Polyclinic : STPC

OIC	Brign ASHUTOSH	9856247856
Jt Dir (HS)	Brig 2 ANAND	9524881979
**********NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIX NOT REQUIRED**********		

Referral Information

Referral No :	04300000177963
Claim ID:	Claim ID will be generated by ECHS empanelled facility
Validity Upto:	11-08-2021
Date Of Issue :	12-07-2021
No Of Session Allowed :	3
Patient Type :	OPD

Patient & ESM Information

Name Of Patient :	SDCPLTESTCARDTWENTY TWO	Age :	12.1
Gender:	Male	Relationship with ESM	Spouse
UIDAI (Aadhar Number):		Advised by:	
Rank:	WO	Category:	Semi Private
Service No:	19099$	Card No:	000004876029
ESM Name :	SDCPL TEST CARD ONE	Force Type:	Army
ESM Contact Number :	7005252881	Email ID:	89binod@gmail.com

Clinical Findings

Blood Pressure (BP) :	No
Pulse :	No
Cardio Vascular System (CVS):	No
Respiratory System (RS) :	No
Abdomen :	No
Central Nervous System (CNS)	No

Provisional Diagnosis

Clinical Notes:	Test
Admission :	Test
Investigation :	Test
Consultation For :	Test

Referred to	Referred to any ECHS Empanelled Medical Facility Located within the AOR of RC Delhi-II		
Attendant Reimbursement :	No	Travel Reimbursement :	No
Polyclinic Remarks:	Test		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge STPC

Tele : 25684645
Telefax: 011-25684946
Email: jditechs1@echs.gov.in

Central Organisation ECHS
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010.

B/49711-NSC/AG/ECHS

16 Jul 21

IHQ of MoD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
Northern Comd (A/ECHS)
South West Comd (A/ ECHS)
All Regional Centres

BLOCKING OF CARDS IN CASE OF INELIGIBILITY, DEMISE AND DISCIPLINARY REASONS

General

1. The ECHS cards are required to be blocked for reasons due to ineligibility, demise of an ECHS beneficiary or due to disciplinary reasons when ordered by competent authority. A detailed procedure on the subject is given in succeeding paragraphs.

Blocking Of 64 KB ECHS Cards Of Dependent Beneficiaries By The Primary Beneficiary Due To Demise Or Ineligibility.

2. **Blocking Of 64 Kb ECHS Card By ESMI Primary Beneficiary Online Due To Ineligibility**

(a) The provision for blocking of 64Kb ECHS Card due to ineligibility of dependent beneficiaries has been provided earlier. After logging in ECHS website/Portal using login credentials the ESM/Primary beneficiary will click on Block Cards'. A dropdown menu with following options will be available:

(I) Due to change in data.
(II) Due to loss of 64Kb card.
(III) No more eligible. Miscellaneous.

(b) The ESM/Primary beneficiary should choose one of the following options out of the dropdown menu for 'No more Eligible':

(i) Income is more than INR 9000/- excluding DA.
(ii) Agelimit attained.
(iii) Marriage.
(iv) Nomore dependent.
(v) Others.

3 **Blocking Of 64 Kb ECHS Card Of Dependent Beneficiaries By ESM/ Primary Beneficiary Online Due To Demise**

(a) An online facility has been provided to the ESM/ Primary beneficiary to block the card of his/her dependent beneficiary in case of demise. He/ She is required to login ECHS website/portal echs.sourceinfosys.com using login credentials and go to 'Block Cards' then choose the beneficiary who has died and block by clicking the option 'Demise'. The date of death will have to be entered and death certificate will be required to be uploaded. Then click on the tab 'Block Card'. Card once blocked cannot be re- activated.

(b) The cards blocked under Demise Category are required to be destroyed by the ESM/ Primary beneficiary immediately on blocking the cards online.

4. **Blocking Of Cards Of ESM/Primary Beneficiary Due To Demise**

(a) TheESM by default is the primary beneficiary during his/her lifetime.

(b) In case of demise of ESM (Primary Beneficiary), his/her 64 kb ECHS card an be blocked by the Nok by using the login credentials on the ECHS website portal echs.sourceinfosys.com.

(c). The Nok will choose the option for the ESM (Primary Beneficiary) and upload the death certificate and enter date of demise.

(d). Thesystem will automatically nominate the spouse as "Provisional Primary Beneficiary".

(e). The spouse will have to login using ECHS login credentials and then go to up date primary beneficiary tab and tick the check box “I agree" on the existing online application and click on submit tab. (with this the spouse agrees to the details covered in the online declaration given by the ESM while applying for 64 Kb ECHS Cards).

(f). Oncethe application is saved the spouse will be primary beneficiary and the ESM application will show date of demise.

(g). No re-print of the card or re-verification will be necessary. The data will be updated in the server and once the card is used at the parent polyclinic then the card will get updated accordingly. All the other beneficiaries dependent on the ESM earlier will continue to be active members. Annual validation as and when required will be undertaken by the new primary beneficiary (Spouse) for all the dependents.

5. **Blocking Of Cards Of ESM Due To Demise And When Spouse Also Is Not Alive Or In The Event Of Demise Of Spouse As Primary Beneficiary**

(a) In following cases there is a need for selecting a Primary Beneficiary:

(i) In case of death of ESM and the spouse is also not alive.
(ii) In case of death of the spouse as Primary beneficiary.

(b) In above mentioned case, the claimant of the family pension from among the entitled in whose name PPO has been generated will have to be selected as Provisional Primary Beneficiary.

(c) A suitable window has been provided to upload the fresh PPO issued by the PCDA, Allahabad. After uploading the PPO, the new primary beneficiary will click on “I agree" check box and save the application. The application will then be visible to the respective record office for verification.

(d) No re-print of the cards will be necessary. The data will get updated automatically and once the ECHS Card is used in the parent polyclinic the Kiosk will update the data on the cards.

(e) A period of six months will be available to the new Primary beneficiary to complete the process of initiation of online application and its verification byrespective Record Office. During the period of six months when verification is being carried out by Records, all cards except those blocked due to demise will continue to remain functional. In case the process is not completed in the given time then the cards will be blocked. In case the application is verified by respective after the given period of six months, the card will be made functional after the explicit approval by CO ECHS.

Blocking Of Cards By OICParent Polyclinic.

6 **Blocking Of Cards Due To Demise of Beneficiary**

(a) The OIC may get information of demise from UTI-ITSL/ Military Hospital/ Empanelled Hospital/ ESM/ Primary beneficiary/ ECHS beneficiary.

(b) The OIC Polyclinic will block the card by using his/her digital signature and will be required to enter the Card No. of the beneficiary, the date of demise and upload death certificate.

(c) In case of blocking of card by OIC PC on demise of ESM/Primary Beneficiary the NOK will under take all actions after blocking of cards as per Para 4(e) and 5(b) to (e).

7. **Blocking Of Cards Due To Indiscipline**

(a) A provision will be provided to the OIC Parent Polyclinic to block cards due to disciplinary reasons.

(b) This facility will only be used after receipt of written approval of the competent authority to block cards due to disciplinary reasons.

(c) The OIC Parent Polyclinic will be required to enter the letter number and details in the system and also upload the ink signed letter on the system to block cards using his/her digital signatures.

8. **Blocking Of Cards Due To Ineligibility**

(a) The OIC parent PC will get a dropdown menu under blocking of card tab due to ineligibility. The OIC parent polyclinic will choose one out of the following options and give suitable remark and upload supporting document which may include a written request by the primary beneficiary :

(i) Income is more than INR 9000/=excluding DA.
(ii) Age limit attained.
(iii) Marriage.
(iv) No more dependent.
(v) Others.

(b) The card once blocked cannot be restored. In case for some reason, dependent becomes eligible again, then a fresh add on application will have to be processed using same login credentials. The add on application will be verified by the respective Records and the card for the added beneficiary will be re-printed after due payment.

9. This supersedes CO, ECHS letter No. B/49711-NSC/AG/ECHS dated 01 Jul 2021 on the subject.

(Rakesh Kakar)
Col (Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to

Directorate of Air Veterans
Subroto Park, New Delhi-10

Coast Guard Veteran Cell,
Coast Guard HQs, New Delhi

All other Record Offices

DIAV/DESA

Source DOTcom Pvt. Ltd.
K7/35, DLF Phase-II
Sector-25, Gurugram
Haryana- 122002

1. For information and necessary action please
2. Summary Report of such cases will also be made available to Stn HQ, RC and Central Org in rlo polyclinics/RC under their jurisdiction through The portal.

M/s UTI-ITSL
UTI Bhawan, Plot No.3, Sector - 11
CBD Belapur, Navi Mumbai
Maharashtra-400614.

- 1. For information and necessary action please.
2. Summary Report of such cases reported throughyour portal will be made available to RCs and Central Org through the portal

Tele : 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

03 Aug 2021

IHQ of MoD(AirForce)
IHQ of MOD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
South West Comd (A/ECHS)
All Area Headquarters

All Regional Centres

UTILISATION OF ECHS SERVICES
VALIDITY OF ECHS CARDS & TEMPORARY SLIPS

1. Please refer Central Organisation letter No. B/49711-NewSmartCard/AG/ECHS dated 03 Dec 2020 (Copy attached).

2. Detailed instructions on the validity of 16 Kb ECHS cards and offline temporary slip was issued vide letter under reference. However, it is seen that in few cases the 16Kb ECHS card holders and offline temporary slip holders have still not applied for online 64 Kb ECHS cards and in emergency approaching the ECHS polyclinics and empanelled Hospitals for medical cover. It may please be noted that no provision exists with ECHS polyclinics to provide medical cover or referral with the 16Kb ECHS cards and offline temporary slip.

3 **Validity of 16Kb ECHS Cards and Offline Temporary Slip.**

(a) The 16 Kb ECHS Cards are no more valid wef 01 Apr 2021 as promulgated vide Para 9 of CO ECHS letter under reference.

(b) The offline temporary slip is no more valid wef 01 Apr 2021 as promulgated vide Para 8 of letter under reference.

4 **Provision of Guest User.**

(a) A guest user module has been implemented at all polyclinics to enable 16Kb ECHS card holders and offline temporary slip holders to apply for new 64Kb ECHS cards at polyclinics . Detailed instructions were promulgated vide CO ECHS letter No. B/49711-NSCIAG/ECHS/guest user dated 13 May 2021(Copy attached).

(b) In case of Emergency the 16Kb ECHS card holder and offline temporary slip holders can go to OIC parent polyclinic & get the online application for new 64Kb ECHS card filled with few details using the guest user module. Then a temporary slip can be generated and used to provide medical cover. However, the process of completing the online application and getting the verification done should be within 30 days. In case application is not verified then the temporary slip will stop functioning.

5 **Action by ECHS Beneficiary Incase of Emergency**.

(a) In case of emergency the ECHS beneficiary who is a 16Kb card holder or a offline temporary slip holder may approach empanelled hospital and initiate the process of treatment on payment and inform the parent polyclinic/nearest polyclinic.

(b) The ESM/primary beneficiary/any family member should approach the OIC parent polyclinic to fill the form using guest user and collect the online temporary slip thus generated and get is countersigned from the OIC parent polyclinic.

(c) The ECHS beneficiary will be required to attach online temporary slip duly validated from the OIC parent polyclinic to process such claim.

6. **Submission of Claim** A ll 16Kb ECHS card holders and offline temporary slip holders will be required to attach online temporary slip duly countersigned by the OIC Parent Polyclinic generated from guest module or online application portal while submitting all types of Re-imbursement claims.

7. All Regional Centre are advised to promulgate contents of this letter to all empanelled hospitals under their respective jurisdiction.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to:

M/s UTI-ITSL referral UTI Bhawan, Plot No. 3, Sector-11 slip CBD Belapur, Navi Mumbai Maharashtra-400614 .	: The Provision to generate emergency with 16Kb ECHS cards and offline temporary at empanelled Hospital and polyclinics be stoppedwef. 04 Aug 2021
M/s Source DOT Com Pvt Ltd : please. K7/35, DLF Phase II Gurgaon, Haryana-122002	For information and necessary action

Tele : 25684645
Telefax: 011-25684946
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
ThimayyaMarg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

16 Sep 2021

All Regional Centres

HANDING OVER OF 64 KB ECHS CARDS

1. Please refer Central Organisation letter No. B/49711-NewSmartCard/AG/ECHS dated 03 Oct 2018 (Copy attached).

2. Once the new 64kb ECHS cards are ready for handing over to the ESM /Primary Beneficiary then the card issuing authority (Parent Polyclinic/Station HQ's) generates a SMS OTP to the registered mobile number of the ESM/Primary Beneficiary that cards are ready for collection. The ESM/Primary Beneficiary is required to give the SMS OTP to the card issuing authority, which is entered in the software and cards are handed over as pre activated cards.

3. It was reported by the environment that at times the OTP is not received by the ESM/Primary Beneficiary. Hence, a software solution was implemented and the same was promulgated to the environment vide CO ECHS letter under reference.

4. In case the cards are handed over without entering OTP in the system then the cards do not get activated and are not functional. However, the online temporary slip remains functional till the time cards are not electronically handed over.

5. In case the cards are physically handed over but electronically not handed over then the following action is required to be taken by the ESM/Primary Beneficiary :

(a) **Check Cards Status**. He/she to check card status by any one of the following methods :

(i) Login echs website/portal echs.sourceinfosy.com, using login password. In case password not available then please request for password as per CO ECHS letter No. B/49711-New Smart Card/AG/ECHS dated 25 Feb 2019 (Copy attached).
(ii) Download echs mobile App and check the card status.
(iii) Visit nearest polyclinic.

(b) In case card status shows SMS OTP sent then the ESM/Primary Beneficiary to visit parent polyclinic with OTP and ask the staff to enter the OTP. In case OTP is not available then also visit the parent polyclinic and ask the concerned staff to request for OTP as per CO ECHS letter under reference.

(c) Once the OTP request is generated the parent polyclinic will be able to see the OTP in the software module and will enter in the system. Once the OTP is entered in the system then the online temporary slip will stop functioning and the card will get activated same day after 1300hrs if OTP entered before 1300hrs and after 1300 hrs next day if OTP is entered after 1300hrs.

(d) Please check by logging in the ECHS website/portal echs.sourceinfosy.com using login credentials. The status should now show as cards handed over.

6. This letter be disseminated to all Polyclinics under your area of responsibility and for further dissemination to the beneficiaries.

(Rakesh Kakar)
Col (Retd)
Jt Dir(Stats & Automation)
for MD ECHS

Tele : 25684645
Telefax : 011-25684946
Email : jditechslaechs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Maude Lines,
Delhi Cantt- 110010

B/49711-NewSmartCard/AG/ECHS

03 Oct 2018

IHQ of MOD (Air Force)
IHQ of MoD (Navy)
HQ West Comd (A/ECHS)
HO South Comd (A/ ECHS)
HQ East Comd (A, ECHS)
HQ Central Comd (A/ECHS)
HQ North Comd (A/ECHS)
HQ South West Comd (A/ECHS)

All Regional Centres

PROCEDURE FOR GENERATION OF LOST / NOT RECEIVED OTP SMS FOR COLLECTION OF SMART CARD AT STN HQ

1 Referenceinstructions for Online Smart Card Application (Version 6.0).

2. Suitable software patch has been developed and installed in the smart card application to tide over the problem of lost/ not received OTP for issue of 64 Kb cards.

3. In the Station Headquarter Console for smart card application the following three additional tabs have been added:

(a) Request for OTP
(b) Pending OTP request
(c) Approved OTP request

4. When the Primary Beneficiary approaches the Sin HQ, that he has not received OTP/deleted OTP, then the Stn HQ to request for OTP by entering the registration number. On sending the request it gets into pending OTP request and simultaneously request is visible to Dir and JD(Est) of respective Regional Centres. As on approval of JD(Est) the OTP is visible to the Station HO'S under tab approved OTP, The OTP can now be used by the Station Headquarter for issue of Cards.

(Rakeshkakar)
Col (Retd)
Jt Dir(Stats & Automation)
for MD ECHS

Copy to:

Directorate of Air Veterans
Subroto Park, New Delhi - 10
Coast Guard Veteran Cell,
Coast GuardHOS NewDelhi

NDIAV/DESA
HO DG NCC, West Block -IV RK
Puram, New Delhi

Tele : 25684645
Telefax : 011-25684946
Email jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

25 Feb 2019

IHQ of MOD(Air Force)
IHQ of MOD (Navy)
HQ South Comd (A/ECHS)
HQ East Cord (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd(A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South West Comd(A/ECHS)
HQ ANC
HQ SFF & HQ Coast Guard

All Regional Centres

REQUEST FOR FORGET PASSWORD FOR ONLINE SMART CARD APPLICATIONS

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1. All Ex-Servicemen/Primary beneficiaries have to apply for new 64 Kb ECHS Smart Cards through Online Application. This online application contains sensitive information and due to security reasons, it is password protected. The individuals can create their new passwords in the event if they forget their passwords, using their registered e-mail or by answering the two security questions, answers for which, they had already provided while filling the online application.

2. Now a number of individuals are requesting for resetting their password as they have forgotten their password and also answers to the security questions. This information is also being asked for collectively by few associations / individuals on behalf of a group of ESM/primary beneficiaries. To tide over this problem who have forgotten or lost their password as well as security answers the following action is recommended:

(a) ESM/Primary Beneficiary to send E-mail with subject **FORGET PASSWORD** to e-mail id **jditechs- modanic.in.**

(b) The e-mail is to be forwarded from the registered e-mail ID of ESM /Primary Beneficiary:

(c) In case ESM/Primary Beneficiary is not having e-mail ID then an application duly signed by the ESM is to be forwarded along with copy of PPO through any other e-mail ID.

(c) On receipt of the above requirements, the security question answers will be shared which can be used for re- setting of password.

2. This information may be disseminated to the environment for information of all ECHS beneficiaries. All Regional Centres will ensure that all polyclinics under them are informed on priority.

(Rakesh Kakar)
Cot (Retd)
Jt Dir(Stats & Automation)
For MD ECHS

Internal

All Sections

Tele : 25684645
Telefax: 011-25684946
Email : jditechs 1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD (Army), Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSCIAG/ECHS/Referral

23 Sep 2021

(All Regional Centers)
(.....)

ECHS Branch
Embassy of India
Kathmandu(Nepal)

CORRIGENDUM: REFERRAL PROCEDURE TO EMPANELLED HOSPITALS FOR ECHS BENEFICIARIES

1. Pleaserefer Central Organisation letter No. B/49711-NSC/AG/ECHS dated 15 Jul 2021 (Copy attached).

2. A referral policy was promulgated vide CO, ECHS letter under reference. A corrigendum is being issued to the letter under reference to promulgate the following aspects:

(a) Todelete provision of updation of ECHS cards by card readers by the Doctors at ECHS Polyclinics.

(b) Asoftware solution has been implemented to enable ECHS beneficiaries to take referrals from Non Parent Polyclinics.

(c) Toissue fresh list of Military Polyclinics

3. In view of the above, following be added/deleted in the letter under reference:

(a) The following be deleted:

"**Use of Card Reader At All Polyclinic**

4. A card reader will be provided with the Doctor at each Polyclinic to read the details in the ECHS Card and also to save the Medical details immediately on occurrence. Hence, the referral will only function when the ECHS Cards/Valid instrument is available with the ECHS beneficiary.

(a) The following be added:

"Referral From Non Parent Polyclinic

5. The procedure to be adopted by the non Parent Polyclinic to give referral to ECHS beneficiary to utilise the facility of Empanelled Hospital or Military Hospital within the Area of Responsibility of the Regional Center of the non Parent Polyclinics is given in succeeding paragraphs.

6. **Action by the ECHS beneficiary at non Parent Polyclinic.**

(a) The beneficiary will take action to report to the Doctor at non Parent Polyclinic as given at Para 4(a) & (b) of letter No B/149 1/NSC/ECHS dated 15 Jul 2021.

(b) The ECHS beneficiary will ask for referral from the Doctor for the specialized medical condition either for Empanelled Hospital or Military Hospital.

7. **Action by the Doctor at non Parent Polyclinic.**

(a) In case the non Parent Polyclinic is a Military Polyclinic the ECHS beneficiary will be given referral either to the affiliated Military Hospital or Empanelled Hospital based on the following conditions :

i. If specialist for the required medical condition is posted and present in the Military Hospital as also adequate capacity to accommodate the ECHS beneficiary is available, the ECHS beneficiary will be referred to the Military Hospital.

ii. If any of the a/m conditions are not met, the ECHS beneficiary will be referred to an Empanelled Hospital.

iii. The OIC Military Polyclinic will endeavor to keep an updated data of the affiliated Military Hospital on the availability of specialists and also the beds.

(b) A sample referral to the Military Hospital is attached as Appx 'B'.

(c) in case the non-Parent Polyclinic is not a Military Polyclinic, then based on the medical condition the beneficiary will either be provided medical treatment at the Polyclinic or will be referred for further treatment to Empanelled Hospital located within the Area of Responsibility of the concerned Regional Center of the non Parent Polyclinic (No Hospital will be specified). Hel she will be issued with a referral form which will have a referral number and basic details for the beneficiary. A sample referral form is attached as Appx 'C'.

8. **Action by the OIC non Parent Polyclinic**. The OIC of non-Parent Polyclinic will approve the referral using Digital Signature online and then referral will be visible to the OIC of Parent Polyclinic for approval.

9. **Action by the OIC Parent Polyclinic.** The OIC Parent Polyclinic will approve the referral using Digital Signature.

10. Once the OIC Parent Polyclinic approves the referral, then the non Parent Polyclinic OIC will take a printout of the referral and hand over the referral to the out station ECHS beneficiary.

11. **Action by the Dir Regional Center**. The OIC out station Polyclinic and the Dir Regional Center will be responsible for such beneficiary for that particular referral and also for processing the IPD/OPD claims through UTI-ITSL".

(a) **Appx 'A'** of letter No B/49711-NSC/G/ECHS dated 15 Jul 2021 giving out list of Military Polyclinics be replaced with fresh list of 107 Military Polyclinics which are now attached as **Appx 'A**'.

12. Para 16 and 17 be renumbered as 22 and 23 respectively.

(Rakesh-Kakar)
Col (Retd)
Jt Dir(Stats & Automation)
for MD ECHS

Copy to:

SourceDOTcomPvt. Ltd:
K7/35, DLF Phase-11
Sector-25,Gurugram Haryana-
122002

: for info and necessary action

M/S UTI-ITSL
UTI Bhawan Plot No-3, Sector-11 CBD
Belapur, Navi Mumbai Maharashtra -
400614

Appendix A

-

(Refer Corrigendum to letter No.B/49711-NSCIAG/ECHS dated 15 Jul 21)

LIST OF MILITARY POLYCLINICS

Ser No	Polyclinics	Type	Regional Center
1	Ahmedabad	C	Ahmedabad
2	Barmer	D	
3	Jodhpur	B	
4	Jamnagar	D	
5	Udaipur	D	
6	Vododra	D	
7	Allahabad	D	Allahabad
8	Faizabad	D	
9	Gorakhpur	D	
10	Varanasi	D	
11	Ambala	C	Ambala
12	Nabha	D	
13	Patiala	B	
14	Bangalore (Urban)	A	Bangalore
15	Bidar	E	
16	Belgaum	B	
17	Agra	C	Bareilly
18	Bareilly	C	
19	Dharchula	E	
20	Meerut	B	
21	Pithoragarh	A	
22	Ranikhet	E	
23	Chandimandir	C	Chandimandir
24	Shimla	C	
25	Rampur	E	
26	Avadi	C	Chennai
27	Chennai	B	
28	Port Blair	D	
29	Coimbatore	C	Coimbatore
30	Wellington	D	
31	Dehradun	A	Dehradun
32	Joshimath	E	
33	Landsdowne	E	
34	Roorkee	D	
35	Agartala	D	Guwahati
36	Guwahati	D	
37	Jorhat	D	
38	Masimpur	D	
39	Misamari	E	

40	Shillong	D	
41	Tawang	E	
42	Tenga	E	
43	Abohar	E	Hissar
44	Bikaner	D	
45	Bhatinda	C	
46	Faridkot	C	
47	Hissar	B	
48	Sriganganagar	D	
49	Golconda	C	Hyderabad
50	Secunderabad	B	
51	Bhopal	D	Jabalpur
52	Gwalior	D	
53	Jhansi	D	
54	Jabalpur	D	
55	Mhow	D	
56	Pipariya	E	
57	Saugor	D	
58	Alwar	B	Jaipur
59	Jaipur	B	
60	Kota	D	
61	Mathura	D	
62	Amritsar	A	Jalandhar
63	Ferozpur	C	
64	Gurdaspur	A	
65	Jalandhar	A	
66	Akhnoor	D	Jammu
67	Bakloh	D	
68	Chamba	E	
69	Jammu	A	
70	Khanabal	E	
71	Leh	D	
72	Palampur	D	
73	Poonch	E	
74	Pathankot	D	
75	Rajouri	D	
76	Srinagar	D	
77	Samba	C	
78	Udhampur	C	
79	Yol	A	
80	Kannu	B	Kochi
81	Kochi	B	
82	Barrackpore	C	Kolkata

83	Bengdubi	D	
84	Binaguri	E	
85	Gangtok	D	
86	Kolkata	B	
87	Kalimpong	E	
88	Lebong	C	Kolkata
89	Fatehgarh	C	Lucknow
90	Kanpur	C	
91	Lucknow	C	
92	Karwar	D	Mumbai
93	Mumbai (Navy)	B	
94	Vasco-da-gama	D	
95	Amla	E	Nagpur
96	Delhi Cantt (BHDC)	A	Delhi 1
97	Ghaziabad (Hindon)	D	Delhi 2
98	Danapur (Patna)	C	Patna
99	Gaya	D	
100	Ahmednagar	C	Pune
101	Aurangabad	D	
102	Devlali	D	
103	Pune	B	
104	Panaji	D	
105	Ranchi	C	Ranchi
106	Trivandrum	A	Trivandrum
107	Vishakapatnam	C	Vishakapatnam

Tele: 25684645
Telefax: 011-25684946
Email : jditechs @echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSCIAG/ECHS

15 Jul 2021

(All Regional Centers)

ECHS Branch
Embassy of India
Kathmandu(Nepal)

REFERRALPROCEDURE TOEMPANELLED HOSPITALS FOR ECHS BENEFICIARIES

General

1. All ECHS beneficiaries are provided medical cover through a network of Regional Centers and Polyclinics spread across the country and also Polyclinics located at Nepal. To provide Specialized Medical Cover ECHS beneficiaries are referred to Civil Health Care Organisation which have been empanelled by Regional Centers in their respective Area of Responsibility. The specialized Medical Cover is also provided by Military Hospitals and also by Research and Referral (R&R) Hospital located at Delhi to ECHS beneficiaries on being referred by ECHS Polyclinics.

2. There are ECHS Polyclinics which are located with a Military Hospital and have been nominated as Military Polyclinics. A list of 128 Military Polyclinic is given at Appx 'A' attached. The Military Polyclinics to manage Specialized Medical condition of its beneficiaries are first required to refer them to these affiliated Military Hospitals in case of availability of Specialized Medical Facilities in the Military Hospital. In such cases the beneficiary will either be treated at the Military Hospital or will be recommended/referred to empanelled Hospital for further management of the beneficiary.

3. A detail referral procedure is given in succeeding Paragraphs.

Referral To Empanelled Hospital Within The Area Of Responsibility Of The Regional Centre Of The Parent Polyclinic

4. **Action by the ESM at Parent Polyclinic.**

(a) The ECHS beneficiary on reaching the Parent Polyclinic will register and select a Doctor to be consulted through Kiosk/ICAT and a token will be generated which will have a queue number.

(b) The ECHS beneficiary will report to the Doctor as per token/queue serial. Based on the medical condition, the ECHS beneficiary will either be provided medical treatment at the Polyclinic or will be referred for further treatment to empanelled Hospital or Military Hospital.

5. **Action by the Medical Officer at Parent Polyclinic**.

(a) In case the Parent Polyclinic is a Military Polyclinic, the ECHS beneficiary will be referred either to the affiliated Military Hospital or Empanelled Hospital based on following considerations:

(i) If specialist for the required medical condition is posted and present in the Military Hospital as also adequate capacity to accommodate the ECHS beneficiary is available, the ECHS beneficiary will be referred to Military Hospital.

(ii) If any of the a/m conditions are not met, the ECHS beneficiary will be preferred to Empanelled Hospital.

(iii) The OIC Military policlinic will endeavour to keep an updated data of the affiliated Military Hospital on the availability of specialist and also the beds.

(b) A sample referral to Military Hospital is attached as Appx B.

(c) In case the Parent Polyclinic is not a Military Polyclinic then based on the Medical condition the beneficiary will eithere provided medical treatment at the Polyclinic or will be referred for further treatment to Empanelled Hospital located within the Area of Responsibility of concerned Regional Centre (no Hospital will be specified). He/she will be issued with a referral form which will have a referral number and basic details of the beneficiary. A sample referral form is attached as Appx C.

6. **Action by the OIC Parent Polyclinic**. The referral form will be digitally signed by the OIC Parent Polyclinic and will hand over a print out to the ECHS beneficiary. No signature and/ or official seal is required to be put on the referral print out.

7. **Action at the Empanelled Hospital.** The ECHS beneficiary on reaching the Empanelled Hospital of his/her choice, within the Area of Responsibility of the Regional Centre will provide the referral form and valid ECHS Card to the Hospital. The Empanelled Hospital will access the UTI-ITSL site and feed the referral number. A claim ID will be generated from the UTI-ITSL site and the referral number and claim ID will get locked. The referral number now cannot be used at any other empanelled Hospital.

Referral From Parent Polyclinic For Hospital Out Side The Area Of Responsibility of The Regional Centre Of The Parent Polyclinic

8. The procedure to be adopted by the Parent Polyclinic to give referral to ECHS beneficiary to utilize the facility of Empanelled Hospital or Military Hospital outside the Area of Responsibility of the Regional Centre of the Parent Polyclinic is given in succeeding Paragraphs.

9. **Action by the ECHS Beneficiary at the Parent Polyclinic**.

(a) The beneficiary will take action to report to the Doctor at Parent Polyclinic as given at Para 4(a) & (b) above.

(b) The ECHS beneficiary will ask for referral from the Doctor for the Specialized Medical condition either for Empanelled Hospital or Military Hospital.

5. **Action by the Doctor at Parent Polyclinic.**

(a) In case the referral has to be given to the Military Hospital outside the Area of Responsibility then the beneficiary will identify the Military Polyclinic affiliated to desired Military Hospital. The Doctor will generate the referral .

(b) In case the referral has to be given to an Empanelled Hospital then the Beneficiary will identify Polyclinic closest to the Empanelled facilities where treatment is desired. The Doctor will generate online referral after entering necessary details.

6. **Action by the OIC Parent Polyclinic.** The OIC Parent Polyclinic will approve the referral using digital signature online and then referral will be visible to the OIC of out station Polyclinic for approval.

7. **Action by the OIC, Out Station Polyclinic.** The Out Station Polyclinic in case is a Military Polyclinic then the OIC will have two options either to refer to Military Hospital or to Empanelled Hospital as per the status of availability of specific treatment at the affiliated Military Hospital. If the Out Station Polyclinic is a non Military Polyclinic, the OIC of the Out Station Polyclinic will approve referral to an empanelled hospital. Once the approval after exercising the option is given by the OIC of Out Station Polyclinic the referral will be visible to the OIC Parent Polyclinic to give print out to the ECHS Beneficiary.

8. **Action by the ECHS Beneficiary.** The beneficiary after collecting the referral will directly go to the referred Military Hospital or Out Station Empanelled Hospital w/o reporting to the concerned Out Station Polyclinic.

9. Action by the Dir Regional Centre In case of Out Station referral. The OIC Out Station Polyclinic and the Dir Regional Centre will be responsible for such ECHS beneficiary for that particular referral and also for processing the IPD/OPD claim through UTI- ITSL.

Use Of Card Reader At All Polyclinic

10. A Card reader will be provided with the Doctor at each Polyclinic to read the details in the ECHS Card and also to save the Medical details immediately on occurence. Hence, the referral will only function when the ECHS Cards/Valid instrument is available with the ECHS beneficiary.

11. All Regional Centers are requested to disseminate this information to Empanelled Hospitals and Polyclinics under their respective jurisdiction.

12. This supersedes CO, ECHS letter No. B/49711-NSCIAG/ECHS dated 27 Feb 2019.

(Rakesh Kakar)
Col (Retd.)
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to:

Source DOTcom Pvt. Ltd:
K7/35, DLF Phase-II
Sector-25, Gurugram : For info and necessary action. Haryana - 122002

M/S UTI-ITSL
UTI Bhawan Plot No-3,
Sector-11 CBD Belapur,
Navi Mumbai
Maharashtra - 400614

APPENDIX-A

(Refer Corrigendum to letter No.B/49711-NSCIAG/ECHS dated 15 Jul 21)

LIST OF MILITARY POLYCLINICS

Ser No	Polyclinics	Type	Regional Center
1	Ajmer	D	Ahmadabad
2	Ahmadabad	C	
3	Barmer	D	
4	Jodhpur	B	
5	Jaisalmer	D	
6	Jamnagar	D	
7	Udaipur	D	
8	Vododra	D	
9	Allahabad	D	Allahabad
10	Faizabad	D	
11	Gorakhpur	D	
12	Varanasi	D	
13	Ambala	C	Ambala
14	Nabha	D	
15	Nahan	D	
16	Patiala	B	
17	Sangrur	B	
18	Bangalore (Urban)	A	Bangalore
19	Bidar	E	
20	Belgaum	B	
21	Yelahanka	D	
22	Agra	C	Bareilly
23	Bareillry	C	
24	Dharchula	E	
25	Haldwani	B	
26	Meerut	B	
27	Pitoragrah	A	
28	Ranikhet	E	
29	Shahjahanpur	D	
30	Balasore	D	Bhubaneshwar
31	Chandimandir	C	Chandimandir
32	Solan	D	
33	Shimla	C	
34	Rampur	E	
35	Avaid	C	Guwahati
36	Chennai	B	
37	Port Bihar	D	
38	Combatore	C	Combatore
39	Wellington	D	

40	Dehradun	A	Dehradun
41	Joshimath	E	
42	Kotdwara	B	
43	Landsdowne	E	
44	Roorkee	D	
45	Saharapur	D	
46	Agartala	D	Guwahati
47	Dimapur	B	
48	Guwahati	D	
49	Jorhat	D	
50	Masimpur	D	
51	Misamari	E	
52	Shillong	D	
53	Tawang	E	
54	Tenga	E	
55	Abohar	E	
56	Bikaner	D	
57	Bhatinda	C	
58	Faridkot	C	
59	Hissar	B	
60	Sirsa	D	
61	Sriganganagar	C	
62	Golconda	B	Hyderabad
63	Secunderabad	C	
64	Bhopal	D	Jabalpur
65	Gwalior	D	
66	Jhansi	D	
67	Jabalpur	D	
68	Mhow	D	
69	Pipariya	E	
70	Saugor	D	
71	Alwar	B	Jaipur
72	Bhartpur	D	
73	Jaipur	B	
74	Kota	D	
75	Mathura	D	
76	Amirtsar	A	Jalandhar
77	Ferozpur	C	
78	Gurdaspur	A	
79	Jalandhar	A	
80	Kapurthala	C	Jalandhar
81	Moga	C	

82	Aknoor	D	Jammu
83	Baramulla	D	
84	Bakloh	D	
85	Chamba	E	
86	Jammu	A	
87	Jungolt	C	
88	Khanabal	E	
89	Leh	D	
90	Palampur	D	
91	Poonch	E	
92	Pathankot	D	
93	Rajouri	D	
94	Srinagar	D	Jammu
95	Samba	C	
96	Udhampur	C	
97	Yol	A	
98	Kannur	B	Kochi
99	Kochi	B	Kolkata
100	Barrackpore	C	
101	Bengdubi	D	
102	Binaguri	E	
103	Gongtok	D	
104	Lebong Kolkata	B	
105	Kalimapong	E	
106	Lebong (Darjeeling)	C	
107	Salt Lake	D	Kolkata
108	Fatehgrah	C	Lucknow
109	Kanpur	C	
110	Lucknow	C	
111	Karwar	D	Mumbai
112	Mumbai (Navi)	B	
113	Mumbai (Upnagar)	D	
114	Vasco-da-gama	D	
115	Amla	E	Nagpur
116	Nagpur	C	
117	Delhi Cantt (BHDC)	A	Delhi 1
118	Gaziabad	D	Delhi 2
119	Danapur	C	Patna
120	Gaya	D	Patna
121	Ahmednagar	C	Pune
122	Aurangabad	D	
123	Devlai	D	Pune

LIST OF MILITARY POLYCLINICS

Ser No	Polyclinics	Type	Regional Center
12	Pune	B	
125	Panaji	D	
126	Ranchi	C	Ranchi
127	Trivandrum	A	Trivandrum
128	Vishakaptnam	C	Vishakaptnam

Appendix's

(Refer. B/4971)-NSC/A. ECHS at. Julal 21)

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : STPC

OIC	Bring ASHUTOSH	9856247856
Jt Dir (HS)	Bring 2 ANAND	9524881979
**********NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USECARD NUMBERS ONLY. PREFIXNOT REQUIRED**********		

Referral Information

Referral No	4300000177964
Validity Upto :	11/08/21
Date Of Issue:	12/07/21
No Of SessionAllowed :	3
Patient Type :	OP

Patient& ESM Information

NameOf Patient :	SDCPLTEST CARD TWENTY TWO	Age	12.1
Gender	Mela	Relationship with ESM	Spouse
UIDAI (Aadhar Number):		Referred to	test
Rank	WO	Category	Semi Private
Serives No	19099$	Card No:	4876029
EMS Name	SDCPLTEST CARD ONE	Force Type	Army
EMS Contact Number	7005252881	Email ID:	89binod@gmail.com

Clinical Findings

Blood Pressure (BP):	no
Pulse :	no
Cardio Vascular System (CVS) :	no
Respiratory System (RS):	no
Abdomen :	no
Central Nervous System (CNS):	no

Provisional Diagnosis

Clinical Notes:	Test
Admission	Test
Investigation :	Test
Consultation For:	Test

Referred To	Referred To Service Hospital		
Attendant Reimbursement :	No	Travel Reimbursement :	No
Polyclinic Remarks:	Test		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge ST

Appendix 'c'
(ReferB/4971-NSC/AC/ECHS dated Jul 21)

Ex-Servicemen Contributory Health Scheme

Referral Form Polyclinic : STPC

OIC	Bring ASHUTOSH	9856247856
Jt Dir (HS)	Brig 2 ANAND	9524881979
*******NOTE: FOR 64KB SMART CARD HOLDERS, PLEASE USE CARD NUMBERS ONLY. PREFIXNOT REQUIRED**********		

Referral Information

Referral No:	4300000177963
Claim ID :	Claim ID will be generated by ECHS empanelled facility
Validity Upto :	11/08/21
Date Of Issue :	12/07/21
No Of Session Allowed :	3
Patient Type:	OPD

Patient& ESM Information

Name Of Patient :	SDCPL TESTCARDTWENTY TWO	Age	12.1
Gender	Male	Relationship with ESM Advised by:	Spouse
UIDAI (Aadhar Number):		Advised by :	
Rank:	WO	Category:	Semi Private
Service No:	19099$	Card No:	4876029
ESM Name:	SDCPL TEST CARD ONE	Force Type	Army
ESM Contact Number :	7005252881	Email ID :	89binod@gmail.com

Clinical Findings

Blood Pressure (BP) :	no
Pulse :	no
Cardio Vascular System (CVS) :	no
Respiratory System (RS) :	no
Abdomen :	no
Central Nervous System (CNS)	no

Provisional Diagnosis

Clinical Notes:	Test
Admission :	Test
Investigation :	Test
Consultation For :	Test

Referred TO	Referred to any ECHS Empanelled Medical Facility Located within the AOR of RC Delhi-||		
Attendant Reimbursement :	No	Travel Reimbursement:	No
Polyclinic Remarks:	Test		

This Referral Form is Digitally Signed, hence No Ink Signature is required

Officer In Charge STPC

Tele : 20892597
Telefax: 011-20892597
Email : jditechs2@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of
MOD(Army), Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt-110 010

B/49711-NSCIAG/ECHS

30 Sep 2021

Air HQ PD (DAV) PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS. Embassy of India.
Nepal Director General Indian Coast Guard
Director General NCC
Director General SFF ADG TA / TA-3

All Regional Centres, ECHS

PROCEDURE FORPROCESSING OF 64 KB ECHS APPLICATION INCASE OF MARITAL DISCORD

1 Please refer the following letters:

(a) Central Organisation letter No. B/49701-PR/AG/ECHS/2018 dated 26 Sep 2018 (Copy enclosed).

(b) Central Organisation letter No. B/49711-NewSmartCard/AG/ECHS dated 18 Jul 2019 (Copy enclosed).

2. A software solution was implemented to enable spouses of Veterans to apply online for 64 kb ECHS cards in case ESM/ Primary beneficiary do not apply for ECHS cards due to marital Discord. The software solution has been further automated to enable both ESM and their spouses to smoothly handle the situation of Marital Discord. The details are given at succeeding paragraphs.

Eligibility

3. As per Para 2 of Central Organisation letter given Para 1(a), judicially separated wife of the Veterans is eligible to apply for ECHS cards for a limited period of one year or till resolution/ divorce whichever is earlier. The same will be renewed in case of status quo beyond a year.

Action By The Spouse (Judicially Separated Wife)

4. In case the judicially separated wife (spouse) of the ESM is not provided with the ECHS card by the ESM then she should apply to the CO, ECHS (Ops & Coord Section) through the respective service welfare branch (DIAVI DESA/ DAV) by an application with the following details:

(a) Details of ESM/ Primary Beneficiary:

(i) Service No.

(ii) Name

(iii) Rank

(iv) Gender

(v) DOB

(vi) Last Unit Served

(vii) ESM Service

(viii) Dateof Enrollment Commission

(ix) Dateof Discharge/ Retirement

(x) ESM Category

(xi) Typeof Pension

(xii) Service type

(xiii) Ex-Servicemenalive! Demise

(xiv) Record office

(xv) A copy of PPO

(b) Spouse Details

(i) Name

(ii) DOB

(iii) Gender

(iv) PAN number

5. Incase the judicially separated wife (spouse) of the ESM does not hold the details given at Para 4 above then he/she to apply to DIAV for Army, DESA for Navy and DAV for Air Force who will facilitate in obtaining copy of PPO from Record Office and other details as given at Para 4 above. The application should be duly supported with an identify Proof in the form of Aadhaar card, PAN card, Ration card. DIAVI DESA/ DAV will endorse letter to the Primary beneficiary to give him an opportunity to apply cards himself within 30 days for eligible family members. Incase of non receipt of reply within 30 days/ refusal to apply, DIAVI DESA DAV will obtain copy of PPO and other details of the ES and details letter be forwarded to CO, ECHS (Ops & Coord) containing details given at Para 4 above with copy to the judicially separated spouse.

6 Thespouse then applies to CO, ECHS (Ops & Coord) for the ECHS card.

Action By Central Organisation ECHS (Ops & Coord Section)

7 Incase the application containing all details of the ESM/ Primary beneficiary have been received directly by the CO,ECHS then the same will be forwarded to DIAVI DESA/ DAV (as applicable) to verify and confirm the case is Marital Discord case.

8. The application received from the judicially separated spouse after Verification from the DIAVI DESA/ DAV (as applicable) to be processed.

9. The details as given at Para 4 above received from the judicially separated spouse duly verified form DIAVI DESA/ DAV will be uploaded by Dir Ops & Coord.

Action By The Spouse

10. Once the details are uploaded by Dir (Ops & Coord) then the spouse will be able to register as MD (Marital Discord) case on the ECHS website/ Portal echs.sourceinfosys.com. After registering the spouse to login using login credentials. An auto populated application with the fields given at Para 4 above will open. The spouse is required to fill the balance online application form and make payment online and then submit the application.

Verification

11. The application will be verified by respective records office and then by CO, ECHS.On successful completion of verification the cards will be printed.

Collection Of Cards

12. The Cards once printed will be forwarded to the Parent Polyclinic. Once the cards are ready for collection a SMS with OTP will be forwarded to the Registered mobile No.

Action By The ESM

13. The application filled by the Spouse as a marital discord case will be visible to the primary beneficiary as it will get attached to his online application. If the Veteran for some reason has till date not applied for the new 64 kb ECHS cards then as and when he submits online application then the earlier application of spouse as a marital discord case will get attached to his application and will be visible to him.

14. As and when the divorce proceedings are finalised then the ESM (Primary beneficiary) will go online and login using his credentials and click on the Divorce tab and upload Divorce Degree and submit the application. 15 The application will be visible to respective Record office along with supporting documents. Once the Record office approves, the spouse card will get deactivated and the ESM will be permitted by the system to apply for Second spouse as per procedure.

15. The judicially separated spouse will get the details when the ESM applies with divorce degree in her/his audit trail also. Further when the card is deactivated then also the audit trail will have the required details updated.

Rakesh Kakar
Col (Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

Copy to:

PCDA (P), Allahabad
SO to DG DC&W
SO to DGMS (Army)
SO to ADFMS (Army)
SO to DGMS (Navy)
O/o DGAFMS
O/o AFMSD
O/o DIAV

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

18 Jul 2019

Air HQ PD (DAV) PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General
SFF ADG TA/TA-3

All Regional Centres, ECHS

PROCEDURE FOR PROCESSING OF 64 KB ECHS APPLICATION IN CASE OF MARITAL DISCORD

1. Please refer to Central Organisation letter No. B/49701-PR/AG/ECHS/2018 dated 26 Sep 18 (copy enclosed).

2. A number of Petitions are received from the Spouses of Veterans where the Primary beneficiary has not applied for the new 64 kb ECHS Cards due to marital discord. The procedure to be followed for marital discord cases to apply for new 64 kb ECHS Card is given in succeeding Paras.

Eligibility

3. As per Para 2 of letter under reference judicially separated wife of the Veteran is eligible to apply for ECHS Card for a limited period of one year or till resolution / divorce whichever is earlier. The same will be renewed in case of status quo beyond a year.

Offline Procedure

4. Action by the spouse (Judicially separated wife). The spouse will take following actions:

(a) The spouse will be eligible to apply offline for ECHS membership on production of all supporting documents for eligibility.

(b) On the basis of ibid Provision, the spouse should apply to D'AV for Army, DESA for Navy and DAV for Air Force who will facilitate in obtaining copy of PPO from respective Record Offices. The application should be duly supported with an identity proof in the form of Aadhar Card, Pan Card, Ration Card, Marriage Part II Order and Dependent Card issued by District Soldier Board. DIAV/DESA/DAV will endorse a 'letter to the primary beneficiary to give him/her an opportunity to apply Cards for himself/herself within 30 days for eligible family members. In case of non receipt of reply within 30 days/refusal to apply, DIAV/DESA/DAV will obtain copy of PPO for the applicant.

(c) Having obtained the copy of the PPO, the spouse should apply to Central Organisation, ECHS (Ops & Coord Section) with all the supporting documents.

Action by Central Organisation ECHS (Ops & Coord Section)

5. On receipt of the application CO, ECHS will forward the application for verification to DIAV/DESA/DAV to verify and confirm that the case is a marital discord case. On receipt of confirmation from DIAV/DESA/DAV, Dir (Ops & Coord) will authorize the spouse to apply online 64 kb ECHS Card. A letter of authorisation will be issued to the spouse to this affect.

Action by the Spouse

6. The Spouse will access the ECHS website and login as marital discord case and an application no with prefix MD will be allotted to the beneficiary. After filing the application and uploading the following documents the beneficiary will submit the application:

(a) Copy of PPO.
(b) Photofor self.
(c) Signature self.
(d) Approvalform from CO, ECHS.

Verification

7. The application will be verified by respective records and then by CO, ECHS. On successful completion of verification the Cards will be printed.

Collection of Cards

8. The Cards once printed will be forwarded to the Station Headquarters of the affiliated parent polyclinic. Once the cards are ready for collection a SMS with OTP will be forwarded to the Registered mobile No.

Action by the Veteran

9. The application filled by the Spouse as a marital discord case will be visible to the primary beneficiary as it will get attached to his online application. If the Veteran for some reason has till date not applied for the new 64 kb ECHS Card then as and when he/she submits online application then the earlier application of spouse as a marital discord case will get allowed to his/her application and will be visible to him/her.

10. As and when the divorce Proceedings are finalized and or for some reason the spouse is no more eligible for ECHS membership then the Veteran (Primary Beneficiary) will inform to CO, ECHS.

11. The CO, ECHS will seek written confirmation through DIAV/DESA/DAV and on receipt of confirmation authorize the primary beneficiary to block the card of the spouse (MD Case) and also the spouse will be informed by CO, ECHS with copy to DIAV/DESA/DAV.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to:

PCDA (P), Allahabad
SO to DG DC&W
SO to DGMS Army)
SO toADGMS (Army)
SO to DGMS (Navy)
0/0 DGAFMS
0/0 AFMSD
0/0 DIAV

Tele : 25684645
Telefax : 011-25684946
Email : jditechsl@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NewSmartCard/AG/ECHS

18 Jul 2019

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
Director General
SFFADGTA/TA-3
All Regional Centres, ECHS

PROCEDURE FORPROCESSING OF 64 KBECHS APPLICATION IN CASE OF MARITAL DISCORD

1. Please refer to Central Organisation letter No. B/49701-PR/AG/ECHS/2018 dated 26 Sep 18 (copy enclosed).

2. A number of Petitions are received from the Spouses of Veterans where the Primary beneficiary has not applied for the new 64 kb ECHS Card due to marital discord. The procedure to be followed for marital discord cases to apply for new 64 kb ECHS Card is given in succeeding Paras.

Eligibility

3 As per Para 2 of letter under reference judicially separated wife of the Veteran is eligible to apply for ECHS Card for a limited period of one year or till resolution / divorce whichever is earlier. The same will be renewed in case of status quo beyond a year.

Offline Procedure

4 Action by the spouse (Judicially separated wife). The spouse will take following actions:

(a) The spouse will be eligible to apply offline for ECHS membership on production of all supporting documents for eligibility.

(b) On the basis of ibid Provision, the spouse should apply to D'AV for Army, DESA for Navy and DAV for Air Force who will facilitate in obtaining copy of PPO from respective Record Offices. The application should be duly supported with an identity proof in the form of Aadhar Card, Pan Card, Ration Card, Marriage Part II Order and Dependent Card issued by District Soldier Board. DIAV/DESA/DAV will endorse a 'letter to the primary beneficiary to give him/her an opportunity to apply Cards for himself/herself within 30 days for eligible family members. In case of non receipt of reply within 30 days/refusal to apply, DIAV/DESA/DAV will obtain copy of PPO for the applicant.

(c) Having obtained the copy of the PPO, the spouse should apply to Central Organisation, ECHS (Ops & Coord Section) with all the supporting documents.

Actionby Central Organisation ECHS (Ops & Coord Section)

5 On receipt of the application CO, ECHS will forward the application for verification to DIAV/DESA/DAV to verify and confirm that the case is a marital discord case. On receipt of confirmation from DIAV/DESA/DAV, Dir (Ops & Coord) will authorize the spouse to apply online 64 kb ECHS Card. A letter of authorisation will be issued to the spouse to this affect.

Action by the Spouse

6 The Spouse will access the ECHS website and login as marital discord case and an application no with prefix MD will be allotted to the beneficiary. After filing the application and uploading the following documents the beneficiary will submit the application:

(a) Copy of PPO.
(b) Photofor self.
(c) Signature self.
(d) Approvalform from CO, ECHS.

Verification

1. The application will be verified by respective records and then by CO, ECHS. On successful completion of verification the Cards will be printed.

Collection of Cards

2. The Cards once printed will be forwarded to the Station Headquarters of the affiliated parent polyclinic. Once the cards are ready for collection a SMS with OTP will be forwarded to the Registered mobile No.

Action by the Veteran

3. The application filled by the Spouse as a marital discord case will be visible to the primary beneficiary as it will get attached to his online application. If the Veteran for some reason has till date not applied for the new 64 kb ECHS Card then as and when he/she submits online application then the earlier application of spouse as a marital discord case will get allowed to his/her application and will be visible to him/her.

4. As and when the divorce Proceedings are finalized and or for some reason the spouse is no more eligible for ECHS membership then the Veteran (Primary Beneficiary) will inform to CO, ECHS.

5. The CO, ECHS will seek written confirmation through DIAV/DESA/DAV and on receipt of confirmation authorize the primary beneficiary to block the card of the spouse (MD Case) and also the spouse will be informed by CO, ECHS with copy to DIAV/DESA/DAV.

(RakeshKakar)
Col (Retd)
Jt Dir (Stats & Automation)
for MD ECHS

Copy to:

PCDA (P),
Allahabad SO to
DG DC&W SO to
DGMS Army)
SOto ADGMS
(Army) SO to DGMS
(Navy) 0/0 DGAFMS
0/0 AFMSD
0/0 DIAV

Tele : 011-25684847
ASCON: 36832
Fax: 011-25684946
Email : diropsechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines Delhi Cantt - 110 010

26 Sep 2018

B/49701-PR/AG/ECHS/2018

Air HQ PD (DAV)
PD (Navy)
All Comd HQ's (A/ECHS)
AMA ECHS, Embassy of India, Nepal
Director General Indian Coast Guard
Director General NCC
DirectorGeneral SFF
ADG TATA-3
All Regional Centres, ECHS

PROCEDURE FOR PROCESSING OF ECHS APPLICATION IN OFMARITAL DISCORD /FAMILY DISPUTE AND PARENTS OF SOLDIERS AFTER DEATH IN HARNESS

1. A number of petitions are recd from spouses of veterans as a consequence of marital discord and parents of the serving soldiers who died in harness wherein the primary beneficiary does not apply for ECHS membership for the dependents. The extant rules do not permit anyone else to apply for ECHS membership except the primary member.

2 ECHS is akin to CGHS in many regards and ECHS rules are similar too. Since the CGHS rules extend CGHS facilities to a judicially separated wife (CGHS Rule Book,Chapter 3, Page 25), it is axiomatic that since a judicially separated wife is auth CGHS facilities, a spouse during the period of marital discord will also be allowed CGHS facilities, Further, the meaning of 'family' as per Govt Rules are as under :

(a) Husband/wife, including more than one wife and a judicially separated wife

(b) Parents (excluding step parents), subject to the following:-

(i) Incase of adoption, adoptive parents and not real parents.

(ii) If adoptive father has more than one wife, only the first wife: and.

(iii) In case of female employees, parents or parents-in-law, at her option subject to the conditions of dependency and residence etc. being satisfied.

(c) Children; including step children, legally adopted children, children taken as wards by the Government servant under the Guardians and Ward Act, 1980, provided that such a ward lives with him, treated as a family member and is given the status of a natural born child through a special will executed by that Government servant .

(i) Son is eligible till he starts earning or attains the age of 25 years or gets married, whichever is earlier

(ii) Daughter is eligible till she starts earning, or gets married.

(d) Sons suffering from permanent disability either physically or mentally, without any age-limit.

(i) Disability means blindness, low vision, leprosy- cured, hearing impairment, locomotor disability, mental illness (includes schizophrenia), autism, cerebral palsy or a combination of any two or more of such conditions and includes a person suffering from several multiple disability.

(ii) 'Permanent disability' means a person with 40% or more of one ormore disabilities.

(e) Dependent divorced/abandoned or separated from their husband/widowed daughters (irrespective of age).

(f) Sons suffering from permanent disability either physically or mentally, without any age-limit.

(i) Disability means blindness, low vision, leprosy- cured, hearing impairment, locomotor disability, mental illness (includes schizophrenia), autism, cerebral palsy or a combination of any two or more of such conditions and includes a person suffering from several multiple disability.

(ii) 'Permanent disability' means a person with 40% or more of one ormore disabilities.

(g) Dependent divorced/abandoned or separated from their husband/widowed daughters (irrespective of age).

2. The ECHS facilities will hence be extended to the spouse/her dependent children/ eligible parents/dependents, during the period of marital discord.

4. In so far as, the parents of ESM are concerned, there are cases where the spouse of ESM becomes the primary member after the demise of the EŞM, but due to strained relations (family dispute) is reluctant to obtain ECHS membership for the parents, despite their meeting. The dependent criteria including income criteria. Such cases will also be addressed under the meaning of the term 'family' and ECHS facility will be made applicable to eligible persons.

5. Theprocedure for processing of ECHS application in case of marital - discord / family dispute cases will be as under :

(a) Spouse dependent children and dependent parents will be eligible to apply for ECHS membership on production all supporting documents for eligibility of self and his / her children and similarly for dependent parents.

(b). On the basis of ibid provision, the spouse / dependent children / dependent parents should apply to DIAV for Army, DESA for Navy & DAV for Air Force who will facilitate in obtaining copy of PPO from respective Record offices. The application should be duly supported with an identity proof in the form of Aadhaar Card, PAN Card, Ration Card, Marriage Part II order & Dependent Card issued by. District Soldier Board. DIAV/DESA/DAV will endorse a letter to the primary beneficiary to give him/her an opportunity to apply for cards himself/herself within 30 days for eligible family members. In case of non receipt of reply within 30 days / refusal to apply, obtaining copy of PPO will be facilitated for the applicant.

(c) Having obtained the copy of the PPO, the spouse / dependent children dependent parents should apply through 'Online Application' portal of ECHS website for issue of ECHS Smart Card. Once the online application is successfully filled up alongwith payment for the card (s), the indi will be able to generate ‘Temporary Slip' for the affected persons. The same will be activated at dependent Polyclinics with a validity of three months at a time or till receipt of card whichever is earlier. The Temporary Slip will allow med treatment to the concerned persons till receipt of Smart Card.

(d) In marital discord cases, the ECHS membership granted will be for a limited period of one year or till resolution! divorce whichever is earlier. The same will be renewed in case of status quo beyond a year

(e) The membership of spouse will be discontinued once a divorce is granted & settled. The responsibility of informing of divorce will be that of the primary beneficiary / ESM: If not informed and any treatment taken by the divorced lady post divorce recovery due will be on the primary beneficiary / ESM including for those children staying with him/her.

(f) It will be responsibility of dependent parents (in cases of serving soldiers died in harness) to give yearly affidavit for income criteria. Wife of deceased soldier should also inform if parents have more income which makes them ineligible.

.

Responsibility of recovery will be on primary beneficiary.

(g) Membership of children will be based on the eligibility criteria as governed in terms of age, income and marriage criteria applicable as laid down vide CGHS letter No MH & FW No 4-24/96-C&P/CGHS/CGHS(P) dated 31 May 2007 .

(h) The onus of informing of divorce for marital discord cases and income criteria for dependent parents will be of primary beneficiary.

6 Thishas approval of AG.

(NiranjanKumar)
Brig
Dy MD
for MD ECHS

Copy to :

PCDA (P),
Allahabad SO to
DG DC&W SO to
DGMS (Army)
SO to ADGMS (Army) - For
info SO to DGMS (Navy)
Olo DGAFMS Olo AFMSD Olo DIAV

Internal .

AllSecs (less S&A Sec) - For info.

S&A Sec Request upload the above policy on our website and also share on ECHS Whatsapp Gp, Also ensure suitable workflow wrt Para 7 (c) above.

Tele : 25684645
Telefax: 011-25684946,
Email : jditechs1@echs.gov.in

Central Organisation ECHS
Adjutant General's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSCIAG/ECHS/Withdrawal

04 Oct 2021

(All Regional Centres)

ECHS Branch
Embassy of India
Kathmandu
(Nepal)

WITHDRAWAL OF ONLINE 64 KB ECHS CARD APPLICATION

General

1. All ESM/Primary beneficiaries to get new 64 Kb ECHS Cards for self and dependents are required to apply online ECHS Portal/Website echs.sourceinfosys.com. The process of filling online application is in two parts. In the first part the ESM/Primary beneficiary is required to register and then has to click on "click to login" to further fill the online application.

2. In few cases it is observed that the ESM/Primary beneficiary has filled wrong information at the time of registration. In such cases, these online applications are required to be withdrawn and fresh application is required to be filled.

3. A software solution has been implemented to enable such application to be withdrawn by respective Regional Centres. Details are given in the succeeding paragraphs.

Details of Fields Which If Wrongly Filled Then The Online Application To Be Withdrawn

4. In case the ESM/Primary beneficiary fills any one or more of the following fields wrongly at the time of registration, then he/she has to apply to respective Regional Centre to withdraw the online application:

(a) Select Category

(i) Ex-Servicemen (Pensioner)

(ii) Spouse-Marital Discord Case

(iii) World War II Retiree

(iv) SSCOs Retiree

(v) PMRs retiree (Non-Pensioner)

(vi) ECOs Retiree

(b) **SelectService Category.**

(i) Army

(ii) Navy

(iii) Air Force

(iv) TA-Territorial Army

(v) DSC-DefernceSecurity Corps

(vi) SFF-Special Frontier Force

(vii) ICG-Indian Coast Guard

(viii) NCC-National Cadet Corps

(ix) Assam Rifles

(c) Service No

(d) Country.

(i) India

(ii) Nepal

(iii) NRI/OCI

(e) Record Office- In case application verified by wrong Record office and card printed.

(f) Incase extension of service.

Procedure To Apply For Withdrawal Of Application

4 (a) ESM/Primary Beneficiary will fill the form given at Appx 'A' duly signed and forward to the Director Regional Centre of the chosen Parent Polyclinic online/offline to withdraw online application.

(b) Director Regional Centre will be provided with a Tab "Withdraw Application" The Director will fill the details given in the requestion form in the online module and then upload the scanned copy of the form received from the ESM/Primary Beneficiary.

(c) The system once approves the withdrawal of application will give a printout of the confirmation with details auto populated as per Appx 'B'. The Director Regional Centre will forward the details to the ESM/Primary Beneficiary online/offline.

(d) ESM/Primary Beneficiary on receipt of confirmation letter can apply online for card under the appropriate category.

(e) In case the ESM/Primary beneficiary had collected the new 64 Kb ECHS Card under wrong category and deposited his/her Old 16 Kb Card/32 Kb Card/offline Temporary Slip, then the confirmation letter may be uploaded, if copy of the earlier card not held.

(f) The copy of this withdrawal certificate be produced to the card issuing authourity at the time of collection of new 64 Kb ECHS Cards.

Procedure To Apply For Refund.

3. In case, 64 Kb ECHS Smart Cards are not printed and online application is withdrawn by the ESM/Primary Beneficiary, then he/she can apply for refund of online payment made for printing of new cards.

4. The ESM/Primary Beneficiary will be required to login to echs website/portal i.e. echs.sourceinfosys.com using login credentials of the withdrawn application. A tab for refund will be enabled after withdrawal of online application. The SM/Primary Beneficiary to click on "Apply Refund" Tab and fill the bank details in which refund is required to be deposited and click on submit.

Rakesh Kakar
Col (Retd)
Jt Dir(Stats & Automation)
for MD ECHS

Copy to:

M/sSourceDOTcom Pvt. Ltd
K7/35, DLF Phase-II
Sector-25,Gurugram
Haryana - 122002

M/S UTI-ITSL
UTI Bhawan Plot No-3, Sector-11
CBD Belapur, Navi Mumbai
application Maharashtra -400614

You are requested to maintain data in the archive and the same data to be made available for any subsequent audit of withdrawn

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APPENDIX 'A'
(Refer letter No B/49711- NSCIAG/ECHS/Withdrawal
dated 04 Oct 2021)

WITHDRAWAL OF 64 KB ECHS SMART CARD ONLINE APPLICATION

1 Online application No. to be withdrawn.....

2 Name with Rank ……..

3 Service No. (With prefix and suffix where applicable) as appended below:

(a) Wrong Service No. mentioned on the online application……

(b) Correct Service No…….

4 Select Category as appended below:

(a) Category selected in the online application.....
(b) Correct Category.....

5 Select Service Category as appended below:

(a) Category selected in the online application.. ……
(b) Correct Category ……..

6 Country details appended below:

(a) Country selected in the online application.....
(b) Correct Country…….

.

7 Application Type (ex. 16KB/32 KB/Temp Slip holder/etc):

8 Record Office:

(a) Record office mentioned on the online application……..

(b) Correct Record office

9 Application Status:

(a) Pending verification

(b) Verified.

(c) Card Printed

2. If card collected then details of cards handed over to the card using Station HQs / Polyclinics:

(a) ……..
(b) ……
(c) ……

Signature of ESM
Contact No:
Email ID:

APPENDIX 'B'
(Refer letter No B/49711-NSCIAG/ECHS/ Withdrawal dated 04Oct 2021)

CONFIRMATIONOF ONLINE APPLICATIONWITHDRAWAL FROM REGIONALCENTRE……

1 Your online application has been withdrawn the details of which are given as under:

(a) Onlineapplication No……..

(b) Following details given on the withdrawn application:

(i) Category……

(ii) Service Category……

(iii) Country.....

(iv) Application Type……

(v) Application Status.....

(vi) Record Office.....

(c) Details of cards handed over (If applicable):

(i) ……

(ii) ……

DirRegional Centre

Tele : 20892597
Telefax: 011-20892597
Email : jditechs1@echs.gov.in

Central Organisation ECHS
AdjutantGeneral's Branch
Integrated Headquarters of MOD (Army),
Thimayya Marg, Near Gopinath Circle,
Delhi Cantt- 110 010

B/49711-NSCIAG/ECHS Temporary Slip

27 Oct 2021

IHQof MOD(AirForce)
IHQ of MOD (Navy)
HQ South Comd (A/ECHS)
HQ East Comd (A/ECHS)
HQ West Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ South West Comd
(A/ECHS)
All Area Headquarters
All Regional Centres

VALIDITYOF ONLINE TEMPORARY SLIP

1. Please refer to CO, ECHS letter No B/49711-IT/AG/ECHS/Gen Corr dated 03 Dec 2020 (copy attached).

2. All Ex-Servicemen / Primary Beneficiaries who apply online for new 64 KB ECHS Cards are permitted to download online Temporary Slip as per category given at Para 4 of letter under reference. This online temporary slip, when downloaded are required to be countersigned for the first time from the OIC Parent Polyclinic and is valid for six months. Subsequently, the OIC Parent Polyclinic can extend the validity for three months each till receipt of new 64 KB Cards after satisfying that the new cards are not ready for collection.

3. Due to prevailing Pandemic COVID-19 situation, the competent authority has approved the extension of the validity of online temporary slip till 31 Dec 2021 for beneficiaries who have not collected their cards and are already in possession of online temporary slips. All Polyclinics and Empanelled Hospitals may be informed accordingly to accept the same.

4. The process to extend the validity of online temporary slip will be reverted back to Pre-Pandemic COVID-19 situation wef 01 Jan 2022. In this the ECHS Beneficiary will be required to visit his / her Parent Polyclinic for further extension of online temporary slip in case of new 64 KB ECHS cards have not been received.

(a) The OIC Parent Polyclinic will check the status of online application and in casethe cards are ready for collection then the card will be handed over and online temporary slip will not be extended.

(b) In case the cards are not ready for collection then the OIC Parent Polyclinic tocontinue extending the online temporary slip by three months at a time till such time the cards are ready to be handed over.

5. In case for some technical reasons the new 64 Kb ECHS cards cannot be handed over then the OIC Parent Polyclinic at his discretion may extend the online temporary slip maximum by a period of two months.

6. It may also be noted that Temporary Slips are collected back at the time of issue of 64 Kb ECHS Smart Cards by the issuing authority.

(RakeshKakar)
Col (Retd)
Jt Dir (Statistics & Automation)
for MD ECHS

Section - IV
PROC & FUND CONTROL SECTION

Tele : 25684846

ASCON: 36830

Central Organisation, ECHS
Adjutant General's Branch
Army Headquarters Maude Lines
Delhi Cantt - 110 010

13 Sep 07

B/49797/AG/ECHS

SO ECHS IHQ of MoD (Navy)
Air HQ (VB) New Delhi (D Fin P/DPS)
HQ Southern Command (A)
HQ Eastern Command (A)
HQ Western Command (A)
HQ Central Command (A)
HQ Northern Command (A)
HQ South Western Command (A)

REVISEDPROCEDURE ON OPERATION OF ECHS

CASH ASSIGNMENT AT STATION HQ

1. This Organisation letter No. B/49791/AG/ECHS dated 23 Jan 2004 on the subject, has been reviewed and the revised procedure for Operation of ECHS Cash Assignment at Station HQ is stipulated in the succeeding Paras.

Release of Cash Assignment

2. Cash Assignment will be released on a quarterly basis by PCsDA /CsDA to the Stn HQ as per the following schedule:

(a) Release of Cash Assignment During the First Quarter of Financial Year. The requisition for release of Cash Assignment for the amount passed on Vote on Account (VOA) will be raised by the Station and forwarded under a covering letter to the concerned PCDA / CDA with a copy to Controlling Command HQ by 15 Mar of previous Financial Year in the format placed at Appendix 'A' to this letter. The total fund on VOA will be released to the Station by the PCDA / CDA in the first week of April of every Financial Year. No sooner, the budget is passed by the Parliament; Supplementary Demand for the first quarter, if any will be raised by the Station and forwarded to the concerned PCDA / CDA for release of additional funds at the earliest. The amount demanded in the supplementary demand will be to the extent of estimated expenditure in the first quarter of the Financial Year.

(b) Release of Cash Assignment During the Second, Third and Fourth Quarter of the Financial Year. The requisition for fund requirement for second, third and fourth quarter will be forwarded to the concerned PCDA / CDA with a copy to Controlling Command HQ by 10 Jun, 10 Sep and 10 Dec for QE September, December and March of the financial year respectively. The requisition for Cash Assignment will be based on the estimated liability during the quarter but will not exceed the total allotment to the Station in the Financial Year. **The Formation HQs allotting funds shall invariably endorse original allotment letters to the concerned PCsDA / CsDA.**

Instructions to Stn Cdrs / PCsDA/ CsDA.

3. The following instructions are to be complied with by all Stations Commanders / PCsDA/CsDA in respect of ECHS Cash Assignment:

(a) On receipt of estimated Cash Assignment (including committed liabilities duly supported by details) Requisition from the Stn HQ, PCsDA/ CsDA will issue necessary letter of credit to the SBI /RBI with a copy to concerned Command HQ/ Stn HQ in the first week of the beginning of each quarter. Command HQ / Stn HQ will exercise caution in projecting realistic Cash Assignment. Reasons for short / non release, if any, are to be intimated in writing by the PCsDA/CsDA to the Station HQ with copy to Controlling Command HQ by fastest means to enable Command HQ /Stn HQ to take corrective measures. Caution will be exercised by PCsDA/CsDA before rejecting any Cash Assignment Requisition as inadequate / non release of Cash Assignment will adversely effect the functioning of the Polyclinics.

(b) Each Station HQ will nominate main Cash Assignment Officer, as also a Reserve Officer, who will assume the charge in the event of the Main Officer being away on long leave, duty or for any other reasons. The PCsDA/CsDA will issue Defence Cheque Books for disbursing payments by the Cash Assignment Holder. The names and the designation of the Cash Assignment Holder and the reserve officer who are authorised to sign the Defence Cheques together with their specimen signatures duly attested are to be intimated by the Stn HQ to the bankers and to the concerned PCDA / CDA Copy of the intimation will be endorsed to the concerned Command HQ and SBI/RBI. Subsequent changes, if any, in the operation of Cash Assignment are to be communicated accordingly.

(c) F**unds likely to remain unutilized or surrendered at RE/MA Stage are not to be demanded by the Stn HQ.**

(d) With every demand for cash assignment, a photo copy of allotment letter duly authenticated by the Station Commander will be enclosed by Station along with Cash Assignment Requisition.

(e) Supplementary demand for cash assignment can be raised when the available Cash Assignment is considered inadequate to meet the liabilities of that quarter or for any reasons advanced by the Station by enclosing the supporting details and within the total allotment. If the demands are forwarded by hand, efforts will be made by the PCsDA/CsDA to release the Cash Assignment on priority.

(f) Cash Assignment release at any stage is not to exceed the allotted funds to the Station

(g) Cash Assignment not utilized by the Station at the end of the Financial Year, if any will automatically lapse and balance amount can not be utilized or carried forwarded by the Station.

(h) Cash Assignment Officer is to render a monthly statement, in duplicate, of drawals made against Cash Assignment in the Cash Assignment Cash Book together with the paid vouchers, details of Cheques issued, duly reconciled with the Monthly Bank Reconciliation Statement showing utilization during the month, to concerned PCDA / CDA by 7th o**f the following month.**

(j) **Provisional Booking of Expenditure**. To facilitate timely booking of expenditure during a month, S**tn HQs will ensure that a summary of monthly accounts indicating headwise allotment and expenditure is forwarded in the format placed as Appendix 'B'**, to the concerned PCD*A / C*DA on or before the last working day of the month to which the account pertains by fa*x* / hand with a copy to the controlling Command HQ. The PCDA / CDA shall make provisional booking on the basis of this advanced intimation (submitted by the same authority to which cash assignment had been placed). After completion of post audit of cash assignment, the provisional booking shall be appropriately amended to final booking

(k) Cash Assignment Officer will also maintain a bank passbook which is to be periodically sent to the Bank/Treasury Officer for updation from the "Register of Cheques paid" maintained by SBI/RBI. The accounts will be expeditiously audited and the expenditure booked by the PCsD*A* / CsDA.

(l) All high value cheques i.e. in excess of Rs 10 lakh will be signed by tw*o* officers, one of whom will be the Station Commander.

(m) The irregularities, if any, noticed during the post audit of ECHS Cash Assignment Cash Book by the PCsDA/CsDA will be brought to the notice of the Cash Assignment Holder and settled expeditiously. No restrictions will be imposed by the PCsDA/CsDA in subsequent release of Cash Assignment on this account However, quarterly cash assignments shall be released subject to the condition that the Station HQ concerned has submitted the monthly expenditure details of the previous quarter.

(n) The provisions of Rule(s) 310 to 316 Financial Regulations Part-I Volume-1 Revised Edition 1983 are to be complied with by all the Station Commander(s) in the Army/ Nav*y*/ Air Force for ECHS payment out of their Cash Assignment Accounts.

4. This letter supersedes letter No. B/*4*9791/AG/ECHS dated 23 Jan 2004.

5. This issue with concurrence of CGDA vide their UO NO. AT/IV/*4*807/ECHS/ VI-VI dated 11 Sep 07.

(RK Kalra)
Maj Gen
ECHS

Copy to:

All Regional Centres ECHS

All PCsDA/CsDA

Appendix B

(B/49797/AG/ECHS
dated ---------- 2007)

STATEMENT OF ACCOUNT FOR PROVISIONAL BOOKING OF ECHS EXPENDITURE

AS ON (MONTH) IN RESPECT OF STN HQ (NAME)

(To be submitted on or before the last working

day of the month by fax/ hand to concerned

PCDA/ CDA with a copy by post to controlling

Command HQ)

Major Head 2076, Minor Head-107 Ex servicemen Contributory Health Scheme

Detailed Head	Code Head	Progressive Allotment (in Rs)	**Amount expended and entered in Cash Book**
Sub Head B - Pay and Allowance of Empanelled/Contractual Staff			
1. Officers	361/01		
2. Para Medical Staff	361/02		
3. Over Time Allowance	361/03		
4. Non Medical Staff	361/04		
Sub Head C - Transportation			
1. Movement of Personnel	362/01		
2. Movement of Store	362/02		
3. Foreign Trave	362/03		
Sub Head D - Stores			
1. Medical Stores	363/01		
2. Other Stores	363/02		
3. Furniture & Air Conditioners	363/03		
4. Vehicles & Generators	363/04		
Sub Head E - Information Technology			
(a) Hardware			
1. Local Purchase	364/01		
2. Central Purchase	364/02		
(b) Software			
1. Local Purchase	364/03		
2. Central Purchase	364/04		

(c) Maintenance			
1. Local Purchase	364/05		
2. Central Purchase	364/06		
(d) Computer Stationary & Consumables			
1. Local Purchase	364/07		
2. Central Purchase	364/08		
(e) Information Technology Training			
1. Local Purchase	364/09		
2. Central Purchase	364/10		
Sub Head F - Medical Treatment Related Expenditure	365/00		
Sub Head G - Miscellaneous	366/00		
Sub Head H - Revenue Works	367/00		
Total Revenue			
Major Head 4076 Capital Outlay			
1. Purchase of Land	907/38		
2. Construction of Building	907/39		
3. Purchase of Medical Equipment	907/40		
Total Capital			

Date:

Signature of Cash Assignment Officer

Appendix A

(to B/49797/AG/ECHS

dated 13 Sep 07)

REQUISITION FOR CASH ASSIGNMENT

Name of the Command HQ .....

Name of the PCsDA/CsDA Name .....

of the Station HQ Address .....

/Location .....

Name and address of the SBI (having treasury facilities) / RBI .....

Requisition No. ..... dated .....

(No, to be serial running from 1st April to 31 March)

Ser No	Particulars	Total Amount (Rs)
1	Budget Allotment for the Financial Year (20.....- 20.....) in Major Head 2076 Minor Head 107 ECHS	
2	Cash Assignment already drawn during the Financial Year	
3	Balance allotment available in the current Financial Year (Ser 1 (-) Ser 2)	
4	Cash Assignment Required (details attached on a separate sheet including committed liabilities)	
5	Balance of Cash Assignment Held (likely to remain unexpended in the current quarter)	
6	Funds now being requisitioned (Ser 4 (Ser 5)	
7	Balance of Allotment after this Requisition (Ser 1 - { Ser 2 (+) Ser 6})	

Note: Funds under requisition (Ser No. 6) should not exceed the balance allotment available (Ser No 3).

(Signature of Cash Assignment Officer)

Name:

Date: Rank

COUNTERSIGNATURE OF STATION COMMANDER

Unit Seal Signature of Sin Cdr

Name:

Date: Rank:

Fax: 011-25683475
Mail:dirpfcechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Lines
Delhi Cantt-110010 18
Nov 2015

B/49796/AG/ECHS
IHQ of Mod (Navy) (ECHS)
Air HQ (D Fin P) (Dir Rev Bud)
HQ Southern Command (SO ECHS)
HQ Western Command (SO ECHS)
HQ Northern Command (SO ECHS)
HQ Eastern Command (SO ECHS)
HQ Central Command (SO ECHS)
HQ South Western Command (SO ECHS)

POST AUDIT OF ECHS VOULCHERS

(a) HASTENING OF RECOVERIES AGAINST OUT STANDING AUDIT OBJECTIONS
(b) ADHERENCE TO RECOMMENDED PACE OF BOOKING OF EXPENDITURE

1. Reference is made to O/o CGDA letter No. AT/IV/4807/ECHS/Post Audit /II dated 14 Sep 2015 (Copy related as Annx I)

2. Hastening of Recoveries. Pending implementation of online audit module on Pan India basis towards hastening of recoveries , pertaining to audit objections following authority and modality are disseminated.

(a) Authority. As authorized vide "Note" below Rule 258 of FR Part I Vol I (Revised Edition 1983) recovery against outstanding audit objections/observations has to be effected by ensuring the following actions.

(i) All audit objections & observations received from any audit authority must be registered by recording in dedicated manuscript register and thereafter suitably replied by Stn HQ (ECHS Cell) or Regional Centre (as applicable), within 15 days of receipt.

(ii) Every month Stn HQ (ECHS Cell) or Regional Centre (as applicable) has to conduct regular monthly audit meetings with concerned audit authorities to resolve all outstanding audit objections/observations.

(iii) Audit objections/ observations not capable of settlements should be resolved by resorting to recovery of appropriate overpayments of medical bills by the Cash Assignment Officers of the Stn HQrs or Dir, Regional Centre (as applicable) with three months of receipt of objections/ observations and the same be deposited in Govt. Treasury through MRO. Due care to be exercised to avoid any lapse towards TDS recoveries as well as linking-up with relevant objections/observations by appending the details on the reverse of MROs.

(iv) Alternatively , Cash Assignment Officers at Stn HQrs concerned or Dir Regional Centre (as applicable) should ensure that outstanding recoveries are set off, against any other payment due to concerned hospitals.(Authority "Note" below Rule 258 of Part I Vol I Revised Edition-1983)

(v) Thereafter by furnishing copy of duly linked MRO to audit authorities, settlements for outstanding audit objections/observations to be pursued till obtaining settlement letters.

(b) **Modality of Recovery in Online Environment**. The settlement memo/ID (Appx J to Cent Org letter No. B/49797-Outsourcing/AG/ECHS dt 20 Jun 2014) [Annx –III] generated through system be suitably amended manually (at column) against the payee concerned to restrict the amount pertaining to recovery. Accordingly , only the reduced amount be released to that payee by amending the grand total as well. Thereafter the amount/amounts so restricted has/have to be remitted through MRO to concerned. On the reverse of each MRO, details of audit objections/observations and list of payee with their amount of recovery against each, be mentioned to facilitate linking by all stake holders. (sub para 2(a)(iii) also refers)

3. **Pace of Booking Expenditure**. To facilitate adherence to pace expenditure booking with O/o CGDA , following time lines are appended below.

Date	Pace of Booking
(a) By 31 Aug	40% of Budget a allotment
(a) By 30 Nov	60% of Budget a allotment
(a) By 31 Dec	75% of Budget a allotment
(a) By 15 Mar	100% of Budget a allotment

(JI Jason)
Gp Capt
Dir (P&FC)
For MD ECHS

Annexure: Asstated

Copy to:

JI Regional Centre, ECHS (For Dirs)

C/o CGDA [SAO (AT)] Ulan Batar Road, Palam, New Delhi-110010 Ternal:

(Med) For information and necessary action please.

Tele: 011-25682392/2011&2027

Fax: 011-25682392

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Maude Lines
Delhi Cantt - 110 010

B/49791/Dig Payments/AG/ECHS

15 Mar 2018

HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS) Air
HQ (VB){For D Fin P}
IHQ of MoD (Navy) (SO ECHS)
All Regional Centres (For Dir)

PAPERLESS BILLING IN ECHS

1. As part of digital transformation for functioning in ECHS setup, it has been decided to do away with hard copy of hospital bills wef 01 Apr 18. This has already been approved vide CGDA letter No. AT/IV/ECHS/UTI/Vol-IV dated 26 Oct 2017 and has been reinforced during the deliberation with CGDA office on 09 Mar 18 during which CDA representatives across the country also participated.

2. PCDA Secunderabad is leading the team for implementation of the project as per Para 2.3 (C) of CGDA letter No. AT/IV/ECHS/UTI/Vol-IV dated 26 Oct 2017. The steering committee headed by CDA, Secunderabad has given positive feasibility of full scale implementation. Even though the deliberations are continuing and final report will be submitted to CGDA office soon based on which further directions will be issued.

3. The following actions will be taken 'FORTHWITH':

(a) Digital Signatures. All stake holders involved in Online Bill Processing (OBP) who introduce a new document into the system / Approve a claim at BPA and at respective CFAs / make payment, will authenticate respective actions through Digital Signature Certificate (DSC). Dir RCs will communicate the same to all empanelled facilities to ensure that the digital signatures are obtained by all. No bills will be uploaded in the Online bill Portal without digital signatures wef 01 Apr 18.

(b) Disposal of Physical Copies of Bills. The following actions will be taken for disposal of existing and subsequent hard copies of the bills:

(i) Bills upto 01 Dec 17. These bills will be forwarded to respective CsDA and necessary coordination will be done between RCS & CsDA concerned.

(ii) Bills from 01 Dec 17 till 31 Mar 18. These will be retained at concerned RCs, disposal of which will be intimated later.

(iii) Bills wef 01 Apr 18. Physical copies of the bills & related documents will be prepared by empanelled facilities and will be retained by respective Empanelled facilities. Digitally signed copies of these bills & related documents will be uploaded online into the BPA portal by the empanelled facilities. The bills & documents will be available for validation to the BPA. Case sheet and related documents relating to patient treatment will be retained by the Empanelled facilities to meet any medical audit and legal proceedings. Empanelled facilities will be responsible to make these documents available within 48 hrs notice in case sought by any office of ECHS subject to limitation period of five years from date of discharge.

(iv) Bills above Rs 10 Lakhs. The CFA for bills above Rs 10 Lakhs is. MoD. The process for digital uploading and digital signature will be followed. However, the physical copies of these bills will continue to be submitted to the RC as hither to fore.

(v) Individual Reimbursement Bills. Individual reimbursement bills will be submitted by the ECHS member to the Polyclinic. Each and every page of the bill is to be authenticated by the individual. PC will upload the digitally signed bills & related documents and forward these physical documents to the RC for retention. The individual reimbursement bills will be processed for validation by BPA on uploading by the PCs.

(vi) Pending Manual Bills. Pending manual bills will continue to be processed manually, but the payment will be made by digital mode by RCs as no fund is being allotted for clearance of manual bills for FY2018-19.

4. Remapping of CDA has been progressed and forwarded to CGDA office vide our letter No B/49797/AG/ECHS dated 09 Mar 2018 (copy enclosed).

5. Dir (P&FC) section will be nodal agency at CO ECHS to coordinate this major transformation to paper less bills, while S&A section at CO ECHS will do the digital enabling.

6. This has the approval of MD ECHS.

(RK Padhi)
Gp Capt
Dir (P&FC)
For MD ECHS

Copy to :

MOD (Dept of ESW)	For information please.
CGDA	1. For information and passing of necessary direction to all CDAs to complete audit in online audit mode.
CDA Secunderabad	2. For adoption of digital era wef 01 Apr 18 3. Consider re-mapping of PCDAs for balanced load distribution and accessibility as proposed vide our letter mentioned in Para 4.
UTHTSL	To ensure workflow for all scenario described at Para 3 above are made live by 01 Apr 18. Business process Re-engineering on the portal to be carried out with due consultation of CO ECHS.
Internal All Secs	For information please. S&A section to ensure revised work flow as per Para 3(b) above. S&A section will also send the copy of the documents through UTI BPA mail box for information and action of all empanelled hospitals.
Dy MD Sectt	For monitoring the implementation please.

Tele: 011-25683476
Mil : 36833

REGD BY SDS/POST
Central Organisation ECHS
Adjutant General' s Branch
Integrated HQ of MoD(Army)
Maude Lines
New Delhi- 110010

08 May 18

B/49778/AG/ECHS/Claims /Policy

IHQ of MoD (Navy/Dir ECHS (N)
Air HQ (VB) DPS/D Fin (P)
HQ Southren Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
All Regional Centre

REVISED PROCEDURE FOR SETTLEMENT OF MANNUAL BILLS

1. Refer to this HQ letter No B/48791/Dig Payments /AG/ECHS dated 15 Mar 18.
2. Online billing has started wef 01 Apr 2012 and over last six years, maximum number of manual bills generated earlier have been processed and settled. However , still some manual bills are pending in the environment. These manual bills will continue to be processed manually by station Headquarters & approved by appropriate CFA. Bill documents will then be submitted at respective Regional Centre, ECHS for payment by digital mode . As per ibid letter, no funds will be allotted for clearance of manual bills to Stn HQs from FY 2018-19.
3. Station HQs to expedite the processing of pending manual bills and Regional Centres to ensures to ensure timely online payment of these bills in close association with the Stn HQs. All Stn HQs to forward the details of pending manual bills to this HQ by 30 May 18.
4. In case any recoveries are due by Stn HQs due to audit obsns/any other reasons, these will be settled as under:-
   (a) Individual Claims. To be recoverd by Stn Cdr from the individual and amount deposited through MRO and audit objn be settled. In case recovery is not possible then, this be treated as cash loss & be processed as per Schedule 24 of ASP/Schedule 26 of NSP / Schedule 22 of AFSP (Copies enclosed) of DFPDS 16.
   (b) Hospital Claims
   (i) In case recovery amount is less than outstanding at RC level, this will primarily relate to empanelled hospitals. In such cases, CFA will fwd details to RC for recovery of amount. RC will recover from amount due to be paid to the hospital. S&A Sec will create necessary wk linkup. Resp of settling audit objn will remain with Stn HQ.
   (ii) In case recovery amount is less what is to be paid to the hospital or the said hospital is not empanelled , Stn HQ will be resp for recovery as well as settlement of audit objn.

5. Accord **TOP PRIORITY** please

(Telkatwar Mohan Ramrao)
Surg Cdr
OIC Claim
For MD ECHS

Copy to :-

UTIITSL, No 1/1,

(Above Canara Bank)
KSFC Bhavan, Thimmaiah
Road, Vasanth Nagar,
Bengaluru,
Karnataka PIN-
560052

To create work flow for recovery of dues against

Hospitals as per para 4 above.

Dir (S&A)

flow also be prepared for recovery of dues against hospitals as per para 4 above Please ensure
audit link up is established.

Dir (P&FC)
Dir (Med)
Dir(Ops&Coord)
Dir (S&A)

For information & necessary action please.

E-mail: dirpfcechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Line, Delhi Cantt - 10

B/49797/AG/ECHS

20 Sep 2018

SO ECHS, IHQ of MoD (Navy)
Air HQ (VB) (D Fin P)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

GUIDELINES ON BOOKING OF ECHS EXPENDITURE

1.

Refs:

(a) Central Org ECHS letter No B/49797/AG/ECHS dated 13 Sep 2007.

(b) Central Org ECHS letter No B/49797/AG/ECHS dated 05 Jul 2013..

2. Guidelines on the operation of ECHS Cash Assignment and procedure for monitoring & booking of ECHS expenditure were issued vide letters at Para 1 above.

3. In order to ensure the timely booking by all CsDA, Command HQs need to ensure the following :

(a) Cash Assignment Holders at Station HQs will ensure that the Cash Book is closed by last working day of the same month and Appendix 'B' (format enclosed) showing the details of Code Head wise expenditure which be forwarded to their Regional Centres ECHS by 2"" working day of the next month. RCs ECHS operating the cash assignment account will also close the Cash Book by last working day of the same month and will prepare Appendix 'B' for the expenditure incurred by the RCs ECHS by 18 working day of the next month.

(b) The RCs ECHS will compile all Appendix 'B' and fwd the same under a covering letter by hand by 2nd working day of the next month to the dealing Officer in the CDA Office and obtain acknowledgement on office copy. RCS ECHS, which are not co-located with CsDA, may forward Appx 'B' to concerned CDA by fax / courier / speed post by 2 working day of the next month to ensure provisional booking of ECHS expenditure.

(c) PCsDA / CsDA will forward the booking data of the month to **concerned RC**s ECHS by first week of the that month under intimation to the concerned Command HQs. RCs ECHS will carry out proper vetting of the fund booked to ensure that correct provisional booking has been made by PCsDA/ CsDA in respect of Appendix 'B' forwarded by RCS ECHS.

(d) Additionally, Station HQs will forward ECHS Accounts (paid voucher & bills) alongwith relevant docu**ments directly to concerned PCsDA / CsDA** by 7th day of the following month, under intimation to their RCS ECHS, for final booking by CsDA. RCS ECHS operating the cash assignment account will also forward ECHS Accounts to concerned PCsDA / CsDA by 7th day of the **following month for final booking by CDA.**

4. A report on submission of Appendix 'B' and ECHS Accts (format enclosed as the both returns has now been combined) will be forwarded by concerned RCs ECHS to this organisation by 15" of the month under intimation to controlling Command HQs.

5. RCs ECHS are to ensure that in case of delay in faxing Appendix 'B' by Station HQs, the matter will be brought to the notice of Station Commanders. In case of repetition in delay, the RCs ECHS will bring the matter to the notice of Controlling Command HQs with a copy to Central Organisation ECHS for corrective actions.

6. It may also be ensured that Appendix 'B' for the month of Mar will include the expenditure till 31st Mar. This is to be fwd to concerned PCDA / CDA by 5th Apr.

7. This letter **supersedes** our letters at Para 1 (b) above.

8. **These orders will be effect from the month of Oct 2018 onwards.**

9. You are requested to disseminate this letter to all concerned cash assignment holders under your AOR for strict compliance.

(Hari Srinivas)
Gp Capt
Dir (P&FC)
for MD ECHS

Enclosures :
Two.

Copy to :

(All RCS ECHS)

Please handover copy of this document to all Station HQs under your AOR.

All PCDA/ CDA

Internal :

All Sections - S&A Sec to upload on ECHS website.

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MoD (Army)
Maude Line,
Delhi Cantt - 110010

Tele : 011-25683475

Telefax: 011-25682392

E-mail: diropsechs-mod@nic.in

B/49797/AG/ECHS

31 Oct 2018

SO ECHS, IHQ of MoD (Navy)
Air HQ (VB) (D Fin P) HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

GUIDELINES ON BOOKING OF ECHS EXPENDITURE

1. Reference is made to Central Org ECHS letter No B/49797/AG/ECHS dated 20 Sep 2018.

2. The revised format of Appendix B (Revised 2018) is enclosed herewith for your further necessary action please.

(Hari Srinivas)
Gp Capt
Dir(P&FC)
for MD ECHS

Enclosures : Two.

Copy to :

(All RCs ECHS)

Please handover copy of this document to all Station HQs under your AOR.

All PCDA / CDA

Internal : All Sections

S&A Sec to upload on ECHS website.

APPENDIX 'B' (REVISED 2018)

Appendix B

B/49797/AG/ECHS dt 31 Oct 2018

STATEMENT OF ACCOUNT FOR PROVISIONAL

BOOKING OF ECHS EXPENDITURE FOR THE

MONTH OF IN RESPECT OF STN HQ (NAME)

(To be submitted by the Stn by Fax on or before 02nd day of the Month)

Budget Heads	Sub Head	Progressive Allotment (in Rs)	Expdr upto Previous Month	Expdr in Current Month (Entered in Cash Book upto last day of the Month)	Progressive Expdr
Sub Head A - Pay and Allowance of Empanelled/Contractual Staff					
Officers (Doctors & OIC Polyclinic)	361/01				
Para Medical Staff	361/02				
Overtime Allowance	361/03				
Non Medical Staff	**361/04**				
Sub Head B - Transportation					
Movement of Personnel	362/01				
Movement of Store	362/02				
Foreign Travel	362/03				
Sub Head C- Stores					
Medical Stores	363/01				
Other Stores	363/02				
Furniture and Air conditioners	363/03				
Vehicles and Generators	363/04				
Sub Head D - Information Technology					
(a) Hardware					
1. Local Purchase	364/01				
2. Central Purchase	364/02				
(b) Software					
1. Local Purchase	364/03				
2. Central Purchase	364/04				
(c) Maintenance					
1. Local Purchase	364/05				

2. Central Purchase	364/06				
(d) Computer Stationery & Consumables					
1. Local Purchase	364/07				
2. Central Purchase	364/08				
(e) Information Technology Training					
1. Local Purchase	364/09				
2. Central Purchase	364/10				
Sub Head E - Medical Treatment Related Expenditure	365/00				
Sub Head F. Miscellaneous	366/00				
Sub Head G - Revenue Works	367/00				
Total Revenue					

Date: Signature of Cash Assignment officer

Appx B to letter No.

B/49797/AG/ECHS dated 31 Oct 2018

REPORT ON SUBMISSION OF APPX 'B' FOR PROVISIONAL BOOKING OF ECHS EXPENDITURE

AND ON SUBMISSION OF ECHS ACCOUNTS

FOR THE MONTH OF .....

(To be forwarded by Regional Centre by 10th of the following month in r/o Stn HQ under AOR (Including RC those operating Cash Assignment Account)

Name of Controlling Command HQ (Army Command HQ/Air HQ/Naval HQ).....

(a) Name of Stn HQ/RC	(b) Name of Polyclinics under AoR	(c) Name of CDA	(d) Letter no. & date by which Appx 'B' fwd to RC (**to be fwd by fax before 2nd of the following month by Stn HQ**	(e) Mode of dispatch of Appx 'B' by RC to CDA with date	(f) Letter no. & date by which ECHS accounts **(paid bills & vouchers)** submitted to concerned CDA (to be **fwd after** 2nd day of the following month and before 7th of the following month)	(g) Month upto whichfunds booked by CDA	(h) Reason for delay for ColumnNo. (d) / (f), if any/Action initiated

Tele : 011-25683475

Telefax: 011-25682392

E-mail: diropsechs-mod@nic.in

Central Organisation,
ECHS Adjutant General's
Branch IHQ of MoD (Army)
Maude Line,
Delhi Cantt - 110010

20 Sep 2018

B/49797/AG/ECHS

SO ECHS, IHQ of MoD (Navy)
Air HQ (VB) (D Fin P)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

GUIDELINES ON BOOKING OF ECHS EXPENDITURE

1. Refs :

(a) Central Org ECHS letter No B/49797/AG/ECHS dated 13 Sep 2007.

(b) Central Org ECHS letter No B/49797/AG/ECHS dated 05 Jul 2013..

2. Guidelines on the operation of ECHS Cash Assignment and procedure for monitoring & booking of ECHS expenditure were issued vide letters at Para 1 above.

3. In order to ensure the timely booking by all CsDA, Command HQs need to ensure the following :

(a) Cash Assignment Holders at Station HQs will ensure that the Cash Book is closed by last working day of the same month and Appendix 'B' (format enclosed) showing the details of Code Head wise e**xpenditur**e which be forwarded to their Regional Centres ECHS by 2"" working day of the next month. RCs ECHS operating the cash assignment account will also close the Cash Book by last working day of the same month and will prepare Appendix 'B' for the expenditure incurred by the RCs ECHS by 18 working day of the next month.

(b) The RCs ECHS will compile all Appendix 'B' and fwd the same under a covering letter by hand by 2nd working day of the next month to the dealing Officer in the CDA Office and obtain acknowledgement on office copy. RCS ECHS, which are not co- located with CsDA, may forward Appx 'B' to concerned CDA by fax / courier / speed post by 2 working day of the next month to ensure provisional booking of ECHS expenditure.

(c) PCsDA / CsDA will forward the booking data of the month to **concerned RC**s ECHS by first week of the that month under intimation to the concerned Command HQs. RCs ECHS will carry out proper vetting of the fund booked to ensure that correct provisional booking has been made by PCsDA/ CsDA in respect of Appendix 'B' forwarded by RCS ECHS.

(d) Additionally, Station HQs will forward ECHS Accounts (paid voucher & bills) alongwith relevant docu**ments directly to concerned PCsDA / CsDA** by 7th day of the following month, under intimation to their RCS ECHS, for final booking by CsDA. RCS ECHS operating the cash assignment account will also forward ECHS Accounts to concerned PCsDA / CsDA by 7th day of the **following month for final booking by CDA.**

4. A report on submission of Appendix 'B' and ECHS Accts (format enclosed as the both returns has now been combined) will be forwarded by concerned RCs ECHS to this organisation by 15" of the month under intimation to controlling Command HQs.

5. RCs ECHS are to ensure that in case of delay in faxing Appendix 'B' by Station HQs, the matter will be brought to the notice of Station Commanders. In case of repetition in delay, the RCs ECHS will bring the matter to the notice of Controlling Command HQs with a copy to Central Organisation ECHS for corrective actions.

6. It may also be ensured that Appendix 'B' for the month of Mar will include the expenditure till 31st Mar. This is to be fwd to concerned PCDA / CDA by 5th Apr.

7. This letter supersedes our letters at Para 1 (b) above.

8. These orders will be effect from the month of Oct 2018 onwards.

9. You are requested to disseminate this letter to all concerned cash assignment holders under your AOR for strict compliance.

(Hari Srinivas)
Gp Capt
Dir (P&FC)
for MD ECHS

Enclosures : Two.

Copy to :

(All RCS ECHS)

Please handover copy of this document to all Station HQs under your AOR.

All PCDA/ CDA

Internal : All Sections

S&A Sec to upload on ECHS website.

Tele : 25684846

ASCON: 36830

Central Organisation, ECHS
Adjutant General's Branch Army
Headquarters
Maude Lines
Delhi Cantt - 110 010

13 Sep 07

B/49797/AG/ECHS

SO ECHS IHQ of MoD (Navy)
Air HQ (VB) New Delhi (D Fin P/DPS)
HQ Southern Command (A)
HQ Eastern Command (A)
HQ Western Command (A)
HQ Central Command (A)
HQ Northern Command (A)
HQ South Western Command (A)

REVISEDPROCEDURE ON OPERATION OF ECHS

CASH ASSIGNMENT AT STATION HQ

1. This Organisation letter No. B/49791/AG/ECHS dated 23 Jan 2004 on the subject, has been reviewed and the revised procedure for Operation of ECHS Cash Assignment at Station HQ is stipulated in the succeeding Paras.

Release of Cash Assignment

2. Cash Assignment will be released on a quarterly basis by PCsDA /CsDA to the Stn HQ as per the following schedule:

(a) Release of Cash Assignment During the First Quarter of Financial Year. The requisition for release of Cash Assignment for the amount passed on Vote on Account (VOA) will be raised by the Station and forwarded under a covering letter to the concerned PCDA / CDA with a copy to Controlling Command HQ by 15 Mar of previous Financial Year in the format placed at Appendix 'A' to this letter. The total fund on VOA will be released to the Station by the PCDA / CDA in the first week of April of every Financial Year. No sooner, the budget is passed by the Parliament; Supplementary Demand for the first quarter, if any will be raised by the Station and forwarded to the concerned PCDA / CDA for release of additional funds at the earliest. The amount demanded in the supplementary demand will be to the extent of estimated expenditure in the first quarter of the Financial Year.

(b) Release of Cash Assignment During the Second, Third and Fourth Quarter of the Financial Year. The requisition for fund requirement for second, third and fourth quarter will be forwarded to the concerned PCDA / CDA with a copy to Controlling Command HQ by 10 Jun, 10 Sep and 10 Dec for QE September, December and March of the financial year respectively. The requisition for Cash Assignment will be based on the estimated liability during the quarter but will not exceed the total allotment to the Station in the Financial Year. **The Formation HQs allotting funds shall invariably endorse original allotment letters to the concerned PCsDA / CsDA.**

Instructions to Stn Cdrs / PCsDA/ CsDA.

3. The following instructions are to be complied with by all Stations Commanders / PCsDA/CsDA in respect of ECHS Cash Assignment:

(a) On receipt of estimated Cash Assignment (including committed liabilities duly supported by details) Requisition from the Stn HQ, PCsDA/ CsDA will issue necessary letter of credit to the SBI /RBI with a copy to concerned Command HQ/ Stn HQ in the first week of the beginning of each quarter. Command HQ / Stn HQ will exercise caution in projecting realistic Cash Assignment. Reasons for short / non release, if any, are to be intimated in writing by the PCsDA/CsDA to the Station HQ with copy to Controlling Command HQ by fastest means to enable Command HQ /Stn HQ to take corrective measures. Caution will be exercised by PCsDA/CsDA before rejecting any Cash Assignment Requisition as inadequate / non release of Cash Assignment will adversely effect the functioning of the Polyclinics.

(b) Each Station HQ will nominate main Cash Assignment Officer, as also a Reserve Officer, who will assume the charge in the event of the Main Officer being away on long leave, duty or for any other reasons. The PCsDA/CsDA will issue Defence Cheque Books for disbursing payments by the Cash Assignment Holder. The names and the designation of the Cash Assignment Holder and the reserve officer who are authorised to sign the Defence Cheques together with their specimen signatures duly attested are to be intimated by the Stn HQ to the bankers and to the concerned PCDA / CDA Copy of the intimation will be endorsed to the concerned Command HQ and SBI/RBI. Subsequent changes, if any, in the operation of Cash Assignment are to be communicated accordingly.

(c) F**unds likely to remain unutilized or surrendered at RE/MA Stage are not to be demanded by the Stn HQ.**

(d) With every demand for cash assignment, a photo copy of allotment letter duly authenticated by the Station Commander will be enclosed by Station along with Cash Assignment Requisition.

(e) Supplementary demand for cash assignment can be raised when the available Cash Assignment is considered inadequate to meet the liabilities of that quarter or for any reasons advanced by the Station by enclosing the supporting details and within the total allotment. If the demands are forwarded by hand, efforts will be made by the PCsDA/CsDA to release the Cash Assignment on priority.

(f) Cash Assignment release at any stage is not to exceed the allotted funds to the Station

(g) Cash Assignment not utilized by the Station at the end of the Financial Year, if any will automatically lapse and balance amount can not be utilized or carried forwarded by the Station.

(h) Cash Assignment Officer is to render a monthly statement, in duplicate, of drawals made against Cash Assignment in the Cash Assignment Cash Book together with the paid vouchers, details of Cheques issued, duly reconciled with the Monthly Bank Reconciliation Statement showing utilization during the month, to concerned PCDA / CDA **by 7th of the following month.**

(i) **Provisional Booking of Expenditure**. To facilitate timely booking of expenditure during a month, **Stn HQs will ensure that a summary of monthly accounts indicating head wise allotment and expenditure is forwarded in the format placed as Appendix 'B'**, to the concerned PCDA / CDA on or before the last working day of the month to which the account pertains by fax / hand with a copy to the controlling Command HQ. The PCDA / CDA shall make provisional booking on the basis of this advanced intimation (submitted by the same authority to which cash assignment had been placed). After completion of post audit of cash assignment, the provisional booking shall be appropriately amended to final booking

(k) Cash Assignment Officer will also maintain a bank passbook which is to be periodically sent to the Bank / Treasury Officer for updation from the "Register of Cheques paid" maintained by SBI/RBI. The accounts will be expeditiously audited and the expenditure booked by the PCsDA / CsDA.

(l) All high value cheques i.e. in excess of Rs 10 lakh will be signed by two officers, one of whom will be the Station Commander.

(m) The irregularities, if any, noticed during the post audit of ECHS Cash Assignment Cash Book by the PCsDA/CsDA will be brought to the notice of the Cash Assignment Holder and settled expeditiously. No restrictions will be imposed by the PCsDA/CsDA in subsequent release of Cash Assignment on this account However, quarterly cash assignments shall be released subject to the condition that the Station HQ concerned has submitted the monthly expenditure details of the previous quarter.

(n) The provisions of Rule(s) 310 to 316 Financial Regulations Part-I Volume-1 Revised Edition 1983 are to be complied with by all the Station Commander(s) in the Army/ Navy/ Air Force for ECHS payment out of their Cash Assignment Accounts.

4. This letter supersedes letter No. B/49791/AG/ECHS dated 23 Jan 2004.

5. This issue with concurrence of CGDA vide their UO NO. AT/IV/4807/ECHS/ VI-VI dated 11 Sep 07.

(RK Kalra)
Maj Gen
For MD ECHS

Copy to:

All Regional Centres ECHS

All PCsDA/CsDA

Appendix B

(to B/49797/AG/ECHS

Dated 2007)

STATEMENT OF ACCOUNT FOR PROVISIONAL BOOKING OF ECHS EXPENDITURE

AS ON (MONTH) IN RESPECT OF STN HQ (NAME)

(To be submitted on or before the last working day of the month by fax/ hand to concerned PCDA/ CDA with a copy by post to controlling Command HQ)

Major Head 2076, Minor Head-107 Ex servicemen Contributory Health Scheme

Detailed Head	Code Head	Progressive Allotment (in Rs)	**Amount expended and** entered in Cash Book
Sub Head A - Pay and Allowance of Empanelled/Contractual Staff			
Officers	361/01		
Para Medical Staff	361/02		
Over Time Allowance	361/03		
Non Medical Staff	**361/04**		
Sub Head B - Transportation			
Movement of Personnel	362/01		
Movement of Store	362/02		
Foreign Travel	362/03		
Sub Head C- Stores			
Medical Stores	363/01		
Other Stores	363/02		
Furniture and Air conditioners	363/03		
Vehicles and Generators	363/04		
Sub Head D - Information Technology			
(a) Hardware			
1. Local Purchase	364/01		
2. Central Purchase	364/02		
(b) Software			

1. Local Purchase	364/03		
2. Central Purchase	364/04		
(c) Maintenance			
1. Local Purchase	364/05		
2. Central Purchase	364/06		
(d) Computer Stationery & Consumables			
1. Local Purchase	364/07		
2. Central Purchase	364/08		
(e) Information Technology Training			
1. Local Purchase	364/09		
2. Central Purchase	364/10		
Sub Head F - Medical Treatment Related Expenditure	365/00		
Sub Head G- Miscellaneous	366/00		
Sub Head H - Revenue Works	367/00		
Total Revenue			
Major Head 4076 Capital Outlay			
1. Purchase of Land	**907/38**		
2. Construction of Building	**907/39**		
3. Purchase of Medical Equipment	**907/40**		
Total Capital			

Date:

Signature of Cash Assignment Officer

Appendix A

(to B/49797/AG/ECHS

dated 13 Sep 07)

REQUISITION FOR CASH ASSIGNMENT

Name of the Command HQ ----------

Name of the PCsDA/CsDA .....

Name of the Station HQ ----------

Address /Location ----------

Name and address of the SBI (having treasury facilities) / RBI ----------

Requisition No. .....dated.....

(No, to be serial running from 1st April to 31 March)

Ser No	Particulars	TotalAmount (Rs)
1.	Budget Allotment for the Financial Year (20.....- 20.....) in Major Head 2076 Minor Head 107 ECHS	
2.	Cash Assignment already drawn during the Financial Year	
3.	Balance allotment available in the current Financial Year (Ser 1 (-) Ser 2)	
4.	Cash Assignment Required (details attached on a separate sheet including committed liabilities)	
5.	Balance of Cash Assignment Held (likely to remain unexpended in the current quarter)	
6.	Funds now being requisitioned (Ser 4 (Ser 5)	
7.	Balance of Allotment after this Requisition (Ser 1 - { Ser 2 (+) Ser 6})	

Note: Funds under requisition (Ser No. 6) should not exceed the balance allotment available (Ser No 3).

(Signature of Cash Assignment Officer)

Name:

Rank

Date:

COUNTERSIGNATURE OF STATION COMMANDER

Unit Seal

Signature of Sin Cdr

Name:

Rank:

Date:

Tele : 011-25683475

Telefax: 011-25682392

E-mail: dirospcechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MOD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt - 110010

11 Jan 2019

PC-II to B/49791-FMA/AG/ECHS SO

ECHS, IHQ of MoD (Navy)
Air HQ (VB) (D Fin P) / PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

EXECUTIVE INSTRUCTIONS : GRANT OF FIXED MEDICAL ALLOWANCE

(FMA) TO ECHS BENEFICIARIES

1. References :

(a) Govt of India, Ministry of Defence letter No 22(01)/2011/ WE/D(Res-I) dated 01 Nov 2018 (copy enclosed).

(b) CGDA letter No AT-IV/4918/XXXVI dated 12 Dec 2018 vide which letter at Para 1 (a) has been promulgated to all PCDAs / CDAs for implementation (copy enclosed).

Eligibility

2. ECHS membership is a compulsory membership for all ESM pensioners wef 01 Apr 2003. It is optional for pensioners prior to 01 Apr 2003. Once a person becomes a member, the same is irreversible. An ESM on becoming member of ECHS has to forfeit the Fixed Medical Allowance (FMA). However, Govt of India, Min of Def vide their letter No 22(01)/2011] WE/D(Res-I) dated 01 Nov 2018 has now sanctioned FMA to ECHS beneficiaries with the conditions as covered in succeeding paragraphs.

3. **Mandatory Conditions.** FMA has been made applicable to the following categories of primary ECHS beneficiaries :

(a) There is no ECHS Polyclinic in his / her district.

(b) There is no service hospital in his / her district.

(c) There is no MI Room upgraded to provide treatment to ESM in' his / her district.

4. **List of Applicable Districts.**

(a) List of districts which make a person eligible is as per Appendix to Govt letter at Para 1 (a). There are 365 districts meeting this criteria at this stage.

(b) Since Govt keeps creating new districts besides redrawing district boundaries, these will be notified by Ops & Coord Section of Central Organisation ECHS for information to all besides being uploaded on ECHS website on 01 Jan every year.

(c) Even if a district is notified, FMA will be applicable only if conditions at Para 3 above are fulfilled.

5. **Address at the Time of Superannuation / Discharge from Service with Pension.**

(a) Due to domestic, job and multiple other factors, ESM keep getting re-located from one place to another. The address at the time of grant of pension / family pension will be the basis to ascertain whether an ESM belongs to an applicable district as defined at Para 4 above. The data of this address will be taken from the following :

(i) Permanent address as recorded in PPO.

(ii) In case of PPOs not having permanent address, address as recorded in Pension Book / Discharge Book.

(iii) Any other service document which gives permanent address at the time of grant of pension / family pension.

(b) While provisions exist for change of permanent address, the same will not be applicable for grant of FMA if changed after grant of pension / family pension. There is no restriction in change of permanent address while in service but the permanent address on the first day of eligibility for pension / family pension will be the address for applicability of FMA.

(c) It is the responsibility of ESM opting for FMA to ensure that he / she applies for FMA only if his / her permanent address as recorded at the time of grant of pension / family pension is part of applicable districts. **Wrong data when detected will make such an ESM ineligible for ECHS membership alongwith his / her dependants.** Station HQs will also verify this at the time of processing the applications.

Options / Restrictions for FMA Beneficiaries

6. Option for FMA.

(a) It is optional for an individual ESM to opt for FMA, even if he / she is eligible.

(b) Even if eligibility conditions are met, an ESM may not opt for FMA.

(c) Unless an ESM applies, FMA will not commence automatically even if eligibility conditions are fulfilled.

(d) Those who opt for FMA being eligible will cease to draw FMA once any of the facilities as per Para 3 get created.

(e) Once opted for FMA, individual ESM will not have any choice to apply for stoppage of FMA. Stoppage will be only based when any of the three conditions as per Para 3 are created.

7. **Restrictions for those Opting for** FMA. Persons opting for FMA will not be eligible for OPD care through ECHS for themselves and their dependants. These are as under :

(a) No OPD treatment from any ECHS Polyclinic.

(b) No OPD treatment from any Service Hospital.

(c) No OPD treatment from any Service MI Room.

(d) No OPD treatment from any empanelled hospital.

(e) No reimbursement from any Hospital for OPD treatment including Govt Hospitals

(f) No medicines from any ECHS Polyclinic.

(g) No medicines except those given during inpatient treatment or at the time of discharge from Service Hospital Govt Hospital / Empanelled Hospital as applicable as per ECHS norms.

8. **Grant of FMA.**

(a) ESM / family pensioner will be eligible for grant of FMA @ Rs 1000/- per month despite being an ECHS member or an amount as amended by Govt from time to time.

(b) The date of commencement of FMA will be the first day of the subsequent second month in which the pensioner has submitted the application, eg, FMA will commence from 01st Jul for all applications submitted during 01st May to 31st May. Station HQ must issue the receipt with date and ESM must maintain copy of the same.

(c) When any of the conditions as specified in Paras 3 & 4 are filled, FMA will be ceased and OPD will recommence. The date of cessation of FMA will be the first day of the following second month when such conditions are fulfilled. ESM will also need to apply.

(d) In case of delay in processing, PCDA / CDA concerned will grant / recover arrears from ESM as per Para 8 (a) to (c) above.

9. **Commencement / Restoration of FMA.**

(a) As stated above, the ECHS member residing in a district where ECHS Polyclinic / Service Hospital / Upgraded MI Room is not available can seek commencement of FMA payment through his/her Pension Distribution Authority (PDA) /Authorised Pension Disbursing Bank, by submitting an application in the prescribed format at Appendix A to the nearest Military Station/Air Force Station, Naval Station (ECHS Cell) in triplicate. Distribution of ibid applications will be as under :

(i) **Original Copy.** The Original copy will be forwarded to 0/O PCDA (Pension) Allahabad, 0/0 PCDA (0) Pune, 0/0 PCDA (Navy & Coast Guard) Mumbai, O/O JCDA (AF) New Delhi-10 ("as applicable" and similar office pertaining to the ECHS member") for endorsement in PPO/issue of corrigendum PPO/updating Pension Records of Pensioners/Family Pensioners managed by Centralised Pension Processing Centres of Banks.

(ii) **Duplicate Copy**. The duplicate copy will be received by designated, Regional Centre ECHS from the Stn HQ for uploading the same in PDF and onward transmission to Cent Org ECHS. Thereafter forward the hardcopy to concerned Record Offices at Centre/Air Force Record Office, New Delhi 10, Naval Pay Office, Colaba, Mumbai, Army HQ /Naval HQ / Air HQ[PD DAV] Bureau of Naviks, Mumbai ("as the case may be" and "similar office pertaining to the ECHS member") for retaining in concerned Pensioners' Records.

(iii) **Triplicate Copy.** The triplicate Copy will be retained with Stn HQ (ECHS Cell) which will retain the application for a period of three years. Thereafter, these can be disposed off in the normal manner as prevailing in the respective services.

(b) Based on the ibid original application, O/o PCDA (Pension) Allahabad, 0/0 PCDA Navy & Coast Guard) Mumbai, 0/0 JCDA(AF) New Delhi-10 ("as applicable and similar office pertaining to the ECHS member") will sanction FMA & endorse in PPO / issue of corrigendum PPO updating Pension Records of Pensioners / Family Pensioners managed by Centralised Pension Processing Centres of Banks/DPDO.

(c) Cessation of FMA. The cessation of FMA by PDA / bank would be based on a certificate (Appendix B) issued by Central Organisation ECHS through existing chain of Command & Control regarding the operationalisation of ECHS Polyclinic / Armed Forces Hospital in a district with the commencement date. The smart card of the ESM will be updated on the status of FMA and medical facility available to him. ESM and Stn HQ will be also responsible for prompt action.

Provision for IPD Treatment

10. ESM alongwith his / her dependants will continue to be eligible for IPD treatment as applicable to all other ECHS members. Procedures for IPD treatment will be same for emergency treatment. As regards planned IPD treatment, the ECHS beneficiary will be required to initially obtain lab tests / diagnostics / prelim examination by a Medical Officer clearly endorsing the requirement of IPD based treatment. He will then obtain a referral from parent ECHS Polyclinic for treatment. The authority for the referral, however, will be the decision of Medical Officer at the ECHS Polyclinic. Subsequent treatment and bill processing will follow the existing process. ECHS Polyclinic will be utilised only for decision for IPD referral and if required, for issue of IPD referral as applicable in that Polyclinic.

11. The current card of all ESM and their dependants will be marked with permanent marker by Stn HQ once the application is submitted by ESM to concerned Stn HQ. Use of any OPD facility from the date of applicability for FMA as explained at Para 8 (b), eg in given example of the case, marking will be made – **"No OPD – 01 JUL 2019" or as the case may be. Any use of OPD facility by ESM and his / her dependants thereafter will result in cancellation of all cards permanently**. Record of such persons will also be kept in parent ECHS Polyclinic.

12. As detailed at Para 9 above, all Stn HQs will maintain details of all persons granted FMA and same will be forwarded to Stats & Auto Section of Central Organisation ECHS through concerned Regional Centre ECHS. This data will be shared with UTI ITSL by Central Organisation and UTI ITSL shall ensure that OPD referrals for such persons for consultation and diagnostics or any other OPD treatment at ECHS Polyclinics and / or empanelled facilities is not generated.

13. Once cessation of OPD facilities consequent to grant of FMA takes place, the information will be updated as per format below :

DETAILS FOR CESSATION OF OPD FACILITIES CONSEQUENT TO GRANT OF FMA BY STN HQ TO CENTRAL ORG ECHS (STATS & AUTOMATION)

Sl. No.	Service No.	Rank	Name	Service	Name of Beneficiary	Relation	Typeof ECHS Card (32/64 Kb)	ECHS Card No	Date of Application	Date of Cessation of FMA *Amended vide CO ECHS letter no Pt – II to B/49791-FMA/AG/ECHS dt 14 Feb 2019

14. The details of individual as forwarded by Stn HQ as per format given above will be forwarded to Bill Processing Agency and Smart Card Making Agency to carry out following :

(a) **Bill Processing Agency (BPA)**. To carry out under mentioned actions for both 32 & 64 Kb Card holders :

(i) BPA will ensure that the individuals granted FMA are not provided OPD treatment from any of the empanelled facilities.

(ii) Any OPD treatment claim hospital will not be processed.

(iii) BPA will ensure IPD referrals are provided from the system when approved by OIC for the individuals granted FMA.

(iv) The synchronization of data regarding FMA should be carried out on monthly basis and reconciled with data held with Central Organisation ECHS.

(b) **Smart Card Making Agency**. To carry out under mentioned actions for 32 & 64 Kb Card holders :

(i) The Smart Cards of individual granted FMA will be endorsed in the database and it will be ensured through system that OPD treatment at ECHS Polyclinic and the referral for OPD treatment at empanelled facility is not provided.

(ii) The individuals who have already been provided 64 Kb Card if opt for FMA then their cards will be suitability endorsed in backend database and the token generated at ECHS Polyclinic should reflect this endorsement that **'OPD Treatment Not Allowed'.**

(iii) A bridge being deployed for generation of referrals at ECHS Polyclinics should incorporate provision such that individuals opting for FMA should not be provided any OPD referral.

(iv) The synchronization of data regarding FMA should be carried out on monthly basis and reconciled with data held with Central Organisation ECHS.

15. For info and necessary compliance please.

(NiranjanKumar) Brig
Dy MD
for MD ECHS

Enclosures : As above.

Copy to :

- For info less enclosures.

US (WE)
Deptt of Ex-Servicemen Welfare,
Govt of India, Min of Def,
Sena Bhavan, New Delhi - 110011
O/o CGDA,
Ulan Batar Road,
Palam, New Delhi - 110010

For passing necessary instructions to all concerned.

O/o PCDA (Pension), Draupadi Ghat, Allahabad - 211014. JCDA

(AF), Subroto Park, New Delhi - 110010.

PCDA (Navy & Coast Guard), Mumbai, Cooperage Road, Mumbai- 400039. All

Regional Centre ECHS

M/S UTI-ITSL, UTI Bhawan, Plot No 3, Sector 11, CBD Belapur, Navi Mumbai – 400614. M/s

Source Dot Com Pvt Ltd, K7/35, DLF Phase II, Gurugram - 122002.

Internal

(All Sections)

S&A Section to upload on ECHS website.

Appendix 'A'

(Refers to 9 (a) of CO ECHS letter No PC-II to B/49791-FMA/AG/ ECHS dated---------- Jan 2019)

APPLICATION FOR COMMENCMENT OF FIXED MEDICAL ALLOWANCE

Service ---------- (Army, Navy, Air Force, Coast Guard etc.)

Record Office: ----------

Service No ---------- Rank : ----------

Name ----------

---------- (First Name) ---------- (Sur Name) ----------

Date of Retirement ----------

PPO No* (Not applicable to (Future retirees & Death Cases in service) ----------

Address: ----------

(As per PPO or Pension Book / Disch Book duly endorsed PPO / No or Descriptive Roll ----------

District ---------- PIN Code ----------

State ---------- State ----------

Present District & State (If different than above) District ----------

I, the above mentioned person, an ECHS beneficiary, hereby opt to draw Fixed Medical Allowance as authorised vide Govt of India, Min of Def letter No 22(01)/2011/WE/D(Res-I) dated 01 Nov 2018.

(Signature of the applicant)

ACTION BY STATION HO

District and State Verified

Place :

Dated : (Station HQ)

---

*Where applicable only

Note :

1. FMA will commence and OPD facility will cease from first day of the subsequent second month in which application is submitted to Stn HQ. For e.g. FMA will commence from 01 Jul if application is submitted during the period 01 May to 31 May.

2. Payment of FMA will commence only after endorsement in PPO/issue of corrigendum PPO which may take some time. However, FMA will be paid with arrear from the date of commencement of FMA.

Appendix 'B'

(Refers to 9 (c) of CO ECHS letter No PC-II to B/49791-FMA/AG/ ECHS dated----------Jan 2019)

CERTIFICATE

CESSATION OF FIXED MEDICAL ALLOWNACE : ECHS

It is certified that new ECHS Polyclinic / Armed Forces Hospital / MI Room upgraded to accommodate ESMs has been operationalised at ----------

--District to cater the medical facilities to all ECHS beneficiaries of that district with effect from--. Cessation of Fixed Medical Allowance (FMA) in respect of all ECHS beneficiaries of ---- (District) be done with effect from by the concerned Pension Disbursing Authorities / Banks.

OR

It is certified that ECHS Polyclinic / Armed Forces Hospital / MI Room upgraded to accommodate ESMs has been shifted from---------- to ----------

------and operationalised at ---------- (District) to cater the medical facilities to all ECHS beneficiaries of that district with effect from----------

----------. Cessation of Fixed Medical Allowance (FMA) in respect of all ECHS beneficiaries of---------- (District) be done with effect from --------

- ---------- by the concerned Pension Disbursing Authorities / Banks.

Dated :

(Dir Ops & Coord)

Case File :

:

Central Organisation,

ECHS Adjutant

General's Branch IHQ of

MoD (Army)

Maude Lines

Delhi Cantt - 110 010

Distribution :

1. US (WE), Deptt of Ex-Servicemen Welfare, Govt of India, Min of Def, Sena Bhavan, New Delhi - 110011.
2. O/o CGDA, Ulan Batar Road, Palam, New Delhi - 10
3. CDA (Pension), Draupadi Ghat, Allahabad - 211014
4. JCDA (AF), Subroto Park, New Delhi - 10.
5. PCDA (Navy & Coast Guard), Mumbai, Cooperage Road, Mumbai- 400039.
6. SO ECHS, IHQ of MoD (Navy).

7. Air HQ (VB) (D Fin P).
8. HQ Southern Command (A/ECHS).
9. HQ Eastern Command (A/ECHS).
10. HQ Western Command (A/ECHS).
11. HQ Central Command (A/ECHS).

12. HQ Northern Command (A/ECHS.)

13. HQ South Western Command (A/ECHS).

14. HQ Andaman & Nicobar Command (A/ECHS)

16. All Regional Centre ECHS----------

17. All Record Office.....

18. All Sections, Central Organisation ECHS----------

Tele : 011 -25683475

fele fax: 011 -25682392

E-rnail : dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
ECHS Bhawan, Thimya Near
Gopinath Circle,
Delhi Cantt – 110010

B /49796/Audit Policy/AG/ ECHS

15 Jan 2019

SO ECHS, IHQ of MoD (Navy)

Air HQ (VB) (D Fin P) / PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

HASTENING OF RECOVERIES AGAINST

OUTSTANDING AUDIT OBJECTIONS OF STN HQ

1. Reference is made to Central Org ECHS letter No 8/497961AG/ECHS dated 18 Nov 2015 and B/49778/AG/ECHS/Claims/Policy dated 08May2018.

2. Of late, it has been seen that recoveries against outstanding audit objections of Stn HQ could not be done due to the following :-

   (a) Inability to provide Claim IDs / Bills pertaining to audit objections in due course of time.

   (b) Non communication of relevant details / information / correspondence with regard to the audit objections.

   (c) Intimation of recovery without justification.

3. In order to achieve expeditious resolution of recoveries against outstanding audit objection, the following necessary actions should be ensured :-

   (a) Stn HQ to give complete details of Claim ID / bill pertaining to audit objections along with audit remarks on reply to audit objection given by Stn HQ, to Regional Centre.

   (b) Stn HQ to provide specific information with regard to the concerned audit objections.

(c) Detailed justification, whether recovery to be done is correct or not, should be provided to Regional Centre.

(d) On receipt of above information, Regional Centre to take necessary actions as per existing policy.

(e) In case of any non recoverable amount, loss statement initiated and processed by concerned Stn HQ.

3. **RC ECHS, Dehradun only.** This is disposed off to your letter No 2218/A/RC/Online/ECHS dated 12 Nov 2018.

4. For strict compliance please.

(RK Padhi)
Gp Capt
Dir (P&FC)
for MD ECHS
Regional Centre, Pune
Regional Centre, Nagpur
Regional Centre, Patna

Copy to :-

Regional Centre, Ahmedapad
Regional Centre, Allahabad
Regional Centre, Ambala Regional
Centre, Bangalore Regional Centre,
Bareilly Regional Centre,
Chandimandir Regional Centre,
Coimbatore Regional Centre,
Chennai Regional Centre, Dehradun
Regional Centre, Delhi Cantt-I
Regional Centre, Delhi Cantt-II
Regional Centre, Guwahati
Regional Centre, Hissar Regional
Centre, Hyddrabad Regional
Centre, Jabalpur Regional Centre,
Jaipur Regional Centre, Jallandhar
Regional Centre, Jammu Regional
Centre, Kochi Regional Centre,
Kolkata Regional Centre, Lucknow
Regional Centre, Mumbai

Tele : 011-25683475

Telefax: 011-25682392

E-mail: dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
ECHS Bhawan, Thimya Marg,
Near Gopinath Circle,
Delhi Cantt - 110010

B/49796/Audit Policy/AG/ECHS

05 Feb 2019

SO ECHS, IHQ of MOD (Navy)

Air HC (VB) (D Fin P) / PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS) HQ
Andaman & Nicobar Command (A/ECHS)

(All RCS ECHS)

HASTENING OF RECOVERIES

AGAINST OUTSTANDING AUDIT

OBJECTIONS

1. Further to our letter of even reference dated 15 Jan 2019.

2. Copy of the following letters are enclosed herewith for your further necessary action please :

   (a) CGDA, Delhi Cantt vide their letter No AT-IV/4807/ECHS/ Post Audit/Vol-III dated 18 Jan 2019.

   (b) PCDA (WC), Chandigarh letter No ECHS/ 1623/Misc dated 11 Dec 2018.

3. It is a matter of great concern that huge overpayments to the tune of approx Rs 54.2 Crs under ECHS are still outstanding against various private hospitals. Even after repeated intimation by Defence Account Department as well as this office, the pace of recovery is very slow which needs to be addressed expeditiously. CGDA, Delhi Cantt has expressed serious concerns about these overpayments as well as slow pace of recoveries.

4. In order to expedite resolution of audit objections / observations and overpayment, the following actions need to be ensured :

   (a) Audit objns/obsns considered justified for settlements should be resolved by replying suitably by the RCS ECHSY Stn HQs to concerned audit agency.

   (b) RCs ECHS / Stn HQs to take concerted efforts to expedite recovery of outstanding overpayments due from the hospitals.

   (c) In case of non recoverable amount, loss statement should be initiated and processed duly endorsed with final audit report of the concerned PCDA / CDA to get sanction of the CFA to regularize the loss.

(d) Due deliberation should be ensure during processing of claims at all levels to avoid any overpayment in future.

5. In connection with recovery of due overpayment against the disempanelled hospitals, following instructions will be strictly adhered to

(a) All statutory measures like legal notice will be adopted to affect the recovery. Copy of legal notice and such other actions taken by RCS / Stn HQs will also be intimated to the concerned PCDA / CDA:

(b) In case of non recoverable amount, a loss statement should be initiated and sent to concerned PCDA / CDA to get final audit report on it. After that, the same will be processed through proper Channel for sanction of CFA to regularize the loss.

(c) Details of all disempanelled hospitals, against which recovery is due, should be intimated to the concerned PCDA / CDA along with their present status with regard to functionality or otherwise.

(d) Reply with regard to each audit obsn as well as Recovery of overpayment should be intimated to the concerned PCDAS/CDAs for settlement of audit obsns. Settlement memo should also be obtained from the audit agency.

6. **HQ Western Command Only**. You are requested to forward consolidated details as asked vide Para 3 of PCDA (WC), Chandigarh letter No ECHS/1623/Misc dated 11 Dec 2018 (copy attached) direct to PDA (WC), Chandigarh with a copy to this HQ at the earliest.

7. **All RCs ECHS**. You are requested to forward details of outstanding overpayments along with reasons for non recovery as per format given below so as to reach this HQ by 10 Feb 2019 positively:

Ser No	Audits Obj / Obsn No	Claim ID	Hosp	Claimed Amount / Approved Amount	Actual Auth Amount	Amount Overpaid		Reason for non recovery
						Actual	As per Audit Objn	

8. **All Command HQS**. You are requested to instruct Stn HQs to forward the details as per format at Para 7 above to your HQ. Further, you HQ may compile the data received from Stn HQs and forward to Central Org ECHS by 01 Mar 2019.

9. For strict compliance please.

(RK Padhi)
Gp Capt
Dir (P&FC)
for MD ECHS

Enclosures : As above.

Copy to : O/o CGDA, Ulan Batar Road, Palam, Delhi Cantt-10

O/o the PCDA WC), Sector 9-C, Chandigarh-09 For information please.

Telefax: 011-25682392

E-mail : dirpfcechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MoD (Army) Thimayya Marg,
Near Gopinath Circle Delhi Cantt- 110010

PC-II to B /497 9 1-FMA/AG/ ECFIS SO ECHS,

IHQ of MoD (Navy)

Air HQ VB) (D Fin P)/PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)

AMENDMENT : EXECUTIVE INSTRUCTIONS : GRANT GF FIXED MEDICAL ALLOWANCE (FMA) TO ECHS BENEFICIARIES

1. Further to Central Organisation ECHS LETTER No PC-II to B/49791-FMA/AG/ECHS dated 11 Jan 2019.

2. The following amendment may please be carried out in the last column of format provided at Para 13 of our letter under reference : -

For

Date of Cessation of FMA

Read

Date of Cessation of OPD Facilities

3. Rest no change.

(RK PADHI)
GpCapt
Dir P&FC
For MD ECHS

Copy to :-

O/o PCDA (Pension), Draupadi Ghat' Allahabad - 211014 JCDA (AF),

Subroto Park, New Delhi - 110010

PCDA (Navy & Coast Guard), Mumbai, Cooperage Road, Mumbai - 400039. A11 Regional Centre

ECHS

M/s UTI-ITSL,UTI Bhawan, Plot No3, Sector 11, CBD Belapur Navi Mumbai

- 400614

M/s Source Dot Com Pvt Ltd, K7 / 35, DLF Phase II, Gurugram _ 122002.

Internal

(All Sections) S&A Section to upload on ECHS website.

Tele : 011-25683475

Telefax: 011-25682392

E-mail: dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army) ECHS
Bhawan, Thimya Marg,
Near Gopinath Circle,
Delhi Cantt-110010

B/49796/Audit Policy/AG/ ECHS RC

ECHS, Hyderabad

18 Feb 2019

REVISED PROCEDURE FOR SETTELMENT OF MANUAL BILLS

1. Reference is made to your letter No ECHS /RCH/4085/Accts/OBP dated 29 Jan 2019.

2. Clarification as sought vide Para 4 of your letter No ECHS/ RCH/4085/Accts/OBP dated 11 Dec 2018 is as under :-

(a) The manual claim is to be uploaded by RC. In this connection, please refer to Para 2 (a) & of CO ECHS letter No B/497781AG/ ECHS/Claim/RC Bangalore dated 10 Jul 2018.

(b) Responsibility to settle audit objection remain with the Stn HQ who has processed the bill. Reference is made to Para 2 (c) of CO ECHS letter No Bl49778lAGlECHS/Claim/RC Bangalore dated 1O Jul 2OI8 and Para 4 (b) (ii) of CO ECHS letter No B/49778lAGlECHSlClairrrl Policy dated 08 May 2018.

(c) As per financial norms, bill processing agency & paying agency may not be the same. However, in this case the bill processing agency is the Stn HQ and paying agency is the RC. JD (A&AM) I JD (Est) is only uploading a processed / sanctioned bill or in other words converting a manual bill into digital form. Please refer to Para 3 (b) (vi) of CO ECHS letter No B/4979I /Dig Payments/AG/ECHS dated 15 Mar 2018.

3. The work flow for uploading and processing of manual bills has already been forwarded vide S&A Section, Central Org ECHS letter No 8149779- Outsourcing/AG/ECHS dated 04 Feb 2019

(RK Padhi)
Gp Capt
Dir (P&FC)
For MD ECHS

Copy to :-

All RCs ECHS Internal

Claim Section

For information wrt your letter No B/49778/AG/ECHS/Claims Policy dated 12 Feb 2019.

Tele :20892530

Central Organisation ECHS
Adjutant Generals Branch
IHQ of MoD (Army)
Thimayya Marg.
Near Gopinath Circle,
Delhi Cantt-10

19 Feb 2019

B/49705- FMA /AG/ECHS

SO ECHS, IHQ of MoD (Navy)

Air HQ (VB) (D Fin P)/ PD DAV (SP)

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

AMENDMENT TO LIST OF DISTRICTS:

FIXED MEDICAL ALLOWANCE (FMA) TO ECHS BENEFICIARIES

1. Refer to GoI/MoD letter No.22(01)/2011/WE/D (Res-D) dated 11 Nov 2018 and CO ECHS letter No. PC-II to B/49791-FMA/AG/ECHS dated 11 Jan 2019.

2. The following amendment be incorporated in Appdx to ibid referred GoI/MOD letter:

For

LIST OF DISTRICTS NOT COVERED BY ECHS POLYCLINICS/ARMED FORCES CINICS/MI ROOMS UPGRADED TO ACCOMMODATE ESMs				
SI No		Districts	States	No. of districts not ECHS POLYCILINICS/ARMEDFORCES CLINICS/MI UPGRADED TO ACCOMMODATE ESMs
293	3	Kashigiri	Tamil Nadu	08

Read as:-

LIST OF DISTRICTS NOT COVERED BY ECHS POLYCLINICS/ARMED FORCES CINICS/MI ROOMS UPGRADED TO ACCOMMODATE ESMs				
SI No		Districts	States	No. of districts not ECHS POLYCILINICS/ARMEDFORCES CLINICS/MI UPGRADED TO ACCOMMODATE ESMs
293	3	Dharampuri	Tamil Nadu	08

(PK Singh)
Capt (N)
Jt Dir (Ops)
for MD ECHS

Copy to : US(E)/MOD
O/o CGDA - For passing necessary instructions to all concerned.

O/o PCDA (Pension). Draupadi Ghat, Allahabad - 211014 JCDA(AF), Subroto Park New Delhi-10

PCDA (navy & Coast Guard), Mumbai, Cooperage Road, Mumbai - 400039 All Regional Centres ECHS

M/s UTI - ITSL, UTI Bhawan, Plot No. 3, Sector 11, CBD Belapur Navi Mumbai M/s Source Dot Com Pvt Ltd, K7/35, DLF Phase II, Gurugram - 122002

Internal

(All Section) S&A section to upload on ECHS website.

Tele : 011-25683475

Telefax: 011-25682392

E-mail: dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
ECHS Bhawan, Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt - 110010

B/49796/Audit Policy/*AG*/ECHS

27 Mar 2019

Regional Centre ECHS, Pune PIN -900449

c/o 56 APO

REVISEDPROCEDURE FOR SETTLEMENT OF MANUAL BILLS

1. Reference is made to your letter No 3012/*CAG/Accts*/ECHS dated 09 Mar 2019.

2. It is clarified that recovery may be done at any stage, if it is justified and possible. Hence, overpayments as specified at Para 2 (a) & (b) of your letter under reference can be recovered, if justified, even after approval of CFA for regularization. However,

the same is required to be intimated to Stn HQ (ECHS Cell), Pune who will reduce the recovered amount from the total amount recommended for regularization in case the loss statement is yet to be finalized.

3. This is for your information and necessary action please.

(RK Padhi)
Gp Capt

Dir (P&FC)
For MD ECHS

Copy to :

(All RCs ECHS)

Tele: 011-20892519

Fax: 011-25682392

E-Mail: dirpscechs-mod@nic.in

Central Organisation,
ECHS Adjutant General's Branch IHQ of MoD (Army),
ECHS Bhawan, Thimayya Marg Near Gopinath Circle
Delhi Cantt - 110 010

25Jul2019

B/49792/ALC Policy/AG/ECHS

IHQ of MoD (Navy) (SO ECHS)
DAV, Subroto Park

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
AMA ECHS, Eol Kathmandu, Nepal

MONETARY CEILING FOR EXPENDITURE FOR LOCAL PURCHASE OF EMERGENT, LIFE SAVING AND ESSENTIAL DRUGS

1. Please refer to this HQ letter No. B/49762/AG/ECHS/Medical Policy dated 07 Jan 2019.

2. As per Para 4 of ibid letter, request for increase of ceiling as per format through e-mail was to be addressed to MD ECHS (mdechs-mod@nic.in) with a copy to Dir (P&FC) and Dir (Med) by Stn HQ. It is observed that lot of duplicacy occurred due to different addresses and created confusion, also there is a loss to state in terms of paper consumption and extra work flow. In view of the above, it has been decided that henceforth the request to increase of ceiling is to be forwarded only to Dir (P&FC) through e-mail on (dirpfcechs- mod@nic.in). Further it is also noticed that some Polyclinics are also forwarding the copy to this HQ which is not entertainable until and unless the same has been received from Stn HQs. Hence, this practice needs to be terminated immediately. Polyclinics are not to forward their request to this HQ. All request for increase of ceiling are to be addressed to Stn HQs Only.

3. Stn HQs are to forward the request for increase of ceiling as per the revised performa placed at Appx 'A' henceforth.

4. In view of the above it is requested that the policy is to be circulated to Stn HQs and OIC Polyclinics under your AOR for strict compliance.

5. This has the concurrence of MD ECHS.

Appx 'A'

to Cent Org ECHS letter No B/49792/ALC

Policy/AG/ECHS dated Jul 2019 MD Dy MD

Station Headquarters Dir

Date :

Central Organisation, ECHS (P& FC)
Adjutant General's Branch
IHQ of MoD (Army),
Thimayya Marg, Near Gopinath Circle Delhi
Cantt - 110 010

MONETARY CEILING FOR EXPENDITURE FOR LOCAL PURCHASE OF

EMERGENT, LIFE SAVING AND ESSENTIAL DRUGS

1. ECHS PC ----------(Name of PC), Type ---------- (A,B,C or D) has a monetary ceiling of Rs. ---------- (Rs.2.5 lac or 1.5 lac or 1.0 lac/-) per month to incur expenditure for local purchase of emergent drugs & consumables.

2. An increase of monetary ceiling is required from Rs. ---------- /- to Rs. ---------- /- for the month of---------- . The details of expenditure as on ---------- (Date) is as follows:

Total fund allotted Stn HQ 363/01	Expdr done by Stn HQ (363/01)	Fund Balance with Stn HQ	Expdr of PC for the month (in Rupees)	Balance Available with PC for the month (in Rupees)	Increase in Monetary Ceiling required for (in Rupees)	Average Daily Sick Report	Additional fund Required if Any / Remarks

3. It is certified that the list of Drugs & consumables indented from the authorised local chemist for the month of ---------- (Jul 19) along with quantities indented has been included in the Polyclinic indent to SEMO in the month of ---------- (Aug 19)

sdxxx

OIC ECHS Cell

for Stn Cdr

Copy to :

HQ Command

Tele: 011-20892519

Fax: 011-25682392

e-mail: dirpfcechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MOD (Army),
ECHS Bhawan, Thimayya
Marg Near Gopinath
Circle Delhi Cantt -
110 010

01 Oct 2020

B/49793/TDS- Policy/AG/ECHS

Air HQs (VB) (D Fin P)

IHQ of *M*oD Navy (SO ECHS) HQs
Western Command (SO ECHS) HQs
Northern Command (SO ECHS) HQs
Central Command (SO ECHS) HQs
Southern Command (SO ECHS) HQs
Eastern Command (SO ECHS)HQs
South Western Command (SO ECHS)
All Regional Centres ECHS (For Dir)

MONTHLY STATUS REPORT ONTAX DEDUCTION AT SOURCE FOR ECHS

1. Return on details of status of Tax Deduction at source for ECHS pertaining to Regional Centres ECHS and ECHS Cell Stn HQs is presently being forwarded with reference to various letters circulated by Cent Org ECHS from time to time.

2. It is intimated that forwarding of the said return on monthly/ half yearly basis is to be discontinued henceforth. However, the compliance of other prevailing Tax Regulation and relevant provisions such as Tax Deduction at Sources, deposit of TDS & filing return with Income Tax Authorities and issuing of Form 16B etc as per existing procedure be ensured by the respective authorities at their end. Controlling Service HQs/Command HQs to monitor the compliance in *r/*o Stn HQs under their AoR and Regional Centres to monitor requisite compliance

3. Further, a confirmation annually on closing of the Financial Year is to be submitted to Cent Org ECHS by Service/ Command HQs for the Stn HQs under their AoR and by Regional Centre for RC). The said confirmation should contain the information such as no case is pending for deduction, deposit and filing of return pertaining to the previous financial year and all the related provision of the Income Tax Regulation have been adhered to. The said confirmation is to reach to this HQs by 20th Apr of succeeding Financial Year. The format of said confirmation is attached herewith as **Appx 'A' for Service / Command HQs and Appx 'B' for Regional Centre ECHS.**

4. This is for your information and adherence, accordingly.

(Ashok Nigam)
Gp Capt
Dir(Proc & Fin)
for MD ECHS

Appx'A' to letter

No. B/49793/TDS-

Policy/AG/ECHS

dated –01- Oct-2020

STATUS REPORT ONTAX DEDUCTION

AT SOURCE FOR ECHS

FOR FY

(Status report in this format is to be forwarded by the Service / Command HQs for the Stn HQs under their AoR annually as mentioned in letter)

Service / Command HQ					
Names of Stn HQ under AoR	TotalTDSAmount Deducted	Total TDS Amount Deposited	TDS Return Filed upto the Month	TDS Return Pending for Filing for the Month	Remarks if any

It is certified that all provision of Income Tax Regulations have been adhered to and no case is pending for deduction, deposit and filing of return at any Stn HQs under the AoR of (Name of Service / Command HQs).

( )

Rank

SO ECHS

Appx'B' to letter

No. B/49793/TDS-

Policy/AG/ECHS

dated 01 Oct 2020

STATUS REPORT ONTAX DEDUCTION

AT SOURCE FOR ECHS

FOR FY----------

(Status report in this format is to be forwarded by the Regional Centre ECHS (Pertaining to RC only) annually as mentioned in the letter)

Names of Regional Centre	Total TDS Amount Deducted	Total TDS Amount Deposited	TDS Return Filed upto the Month	TDS Return Pending for Filing for the Month	Remarks if any

It is certified that all provision of Income Tax Regulations have been adhered to and no case is pending for deduction, deposit and filing of return in r/o this Regional Centre.

( )

Rank

Dir, Regional Centre

Tele: 011-25684846

Fax: 011-25682392
ASCON: 36830

Central Organisation, ECHS
Adjutant General's
Branch ECHS Bhawan,
Thimayya Marg Near
Gopinath Circle
Delhi Cantt - 110010

B/49791/Bud Gen/AG/ECHS

30 Apr 2021

IHQ of MoD (Navy) (SO ECHS)
Air Headquarters (VB) (For D Fin P)
HQ Southern Command (A)
HQ Eastern Command(A)
HQ Western Command (A)
HQ Çentral Command (A)
HQ Northern Command(A)
HQ South Western Command(A)
ECHS Branch EOI Kathmandu Nepal

FINANCIAL INSTRUCTONS FOR ALLOTMENT AND EXPENDITURE

UNDER MAJOR HEAD 2076, 4076 MINOR HEAD 107 REVENUE &

CAPITAL HEADS

(ECHS FINANCIAL DOCUMENT: FY 2021-22)

References:

(a) Delegation of Financial Powers for Ex-servicemen Contributory Health Scheme (ECHS) issued vide GoI MOD letter No. 24(3)/03/US(WE)/D(Res)(i) dated 08 Sep 2003.

(b) Financial procedure for Ex-Servicemen contributory Health Scheme (ECHS) issued vide GoI MoD letter No. 24(3)/03/US(WE)/D(Res)(ii) dated 09 Sep 2003.

(c) MoD (Fin) vide their letter No. Coord A-102/E dated 01 Jul 2015.

(d) DPM-2009.

(e) DFPDS-2016.

(f) GFR-2017.

(g) Schedule 26 of DFPDS 2016.

Appendices:

A Receipt and Recoveries

1. **BE Allocation for FY 2021-22.** Provisional BE for FY 2021-22 has been allocated to all Budget Holders Vide CO ECHS letter No. B/49791/AG/ECHS (i), (ii) & (iii) dated 31 Mar 2021. Further, confirmation of Final BE allocation has also been intimated to all Budget Holders vide CO ECHS letter No. B/49791/DGFP/AG/ECHS dated 06 Apr 2021.

2. **Budget Estimates.** Allotment of **Budget Estimates (BE) 2021-22 in** Respect of Major Head 2076, Minor Head 107 (Revenue) and Major Head 4076, Minor Head 107 (Capital Head) are made according to the projections, past expenditure vis a vis availability of Funds.

3. **Norms for Allotment.** The norms for allotment of funds by Central Organisation for Polyclinics and RCs are as per the following details:

(a) **Naval HQ, Air HQ and Army Command HQs.** Allotment of fund to Naval HQs, Air HQs and Army Command HQs are made for further sub allocation to incur expenditure for the following categories:

(i) Payment of Remuneration for contractual staff.

(ii) Purchase of emergent & Life saving medicine through Authorised Local Chemist (ALC).

(iii) Payment of Travelling Allowances: ECHS Polyclinics Staff.

(iv) Payment of Travelling Allowances: ECHS Patients.

(v) Purchase of IT Equipment & consumables.

(vi) Miscellaneous and Contingent Expenditure for day to day functioning of Polyclinics.

(b) **Regional Centres. RCs** are allotted funds for the following:

(i) Clearance of online Medical Claims/Bills.

(ii) Information Technology.

(iii) Miscellaneous and Contingent Expenditure for day to day running of Regional Centres.

(C) O/o DGAFMS. 0/0 DGAFMS is allotted funds for the following: (i) Purchase of bulk medicine for ECHS Polyclinics through SEMO and SEDO. (ii) Purchase of Domiciliary Medical Equipment. (iii) Purchase of Medical Equipment.

(d) **O/o DGDE.** 0/0 DGDE is allotted funds for the following:

(i) Payment of Rental to hired polyclinics building.

(ii) Purchase of Land.

(e) **MGS Branch.** O/o MGS branch is allotted fund for Purchase of Vehicles, ambulance & equipment for ECHS.

4. Receipt & Recovery and Revenue Sub head wise objects of expenditure is placed at **Appendix 'A' to 'J'** and Capital head objects of expenditure is placed at **Appendix 'K'.**

5. **Financial Powers (For Stn HQs)** GoI letter No. 8/4/2018-02P dated 25 Jul 2019 Note (II) refers.

"The station having Command and Control of polyclinics will utilise the powers vested as per ASP, NSP, AFSP and MSP (of DFPDS-2016) for expenditure under MH 107 for ECHS establishment."

6. **GoI MoD** vide letter No. 8/4/2018-02P dated 25 Jul 2019 issued Schedule 26 for use by Central Org and RCs only. Clarification has been issued by MOD (Fin) vide letter No. 231(2)/2020/DFPDS/Bud-II dated 20 Jan 2020 that note (ii) of Schedule-26 is self explanatory. For reimbursement of Med Treat & purchase of ALC Medicine: (i) MoD letter No. 25(01)/2017/US(WE) /D(Res-)-Part I dated 04 Aug 2014.(Manual Med Bills & for purchase of ALC Medicine). (ii) MOD letter No. 25(02)/2012/(WE)/D (Res) dated 10 Sep 2013 (For Nepal manual Med Bills Para 3 (a)). (iii) MoD letter No. 25(01)/2018/WE/D(Res) dated 09 Jul 2019 (For Nepal online Med Bills).

7. **Financial Powers (For Cent Org & RCs)** Schedule 26 to DFPDS 2016 has been approved fo**r Regional Centre and Central Org ECHS only** vide GoI letter No. 8/4/2018-02P dated 25 Jul 2019. The said power wi**ll not (R) not** be utilized by any Stn HQ.

8. Financial Powers for SEMO's/SEDO's:- Schedule 2 of MSP, DFPDS 2016 for funds allotted under code head 363/01.

9. High Pressure Polyclinics. Special consideration has been given to all identified high pressure Polyclinics **(Screened on the basis of Average DASR) by** allotting them additional funds. The list of high pressure Polyclinics is placed at **Appendix 'L'.**

10. Sub-Allotment of Funds. A number of lower formations / units have represented that thei**r allotments are received quite late from the Controlling Command HQ.** Such delay by Budget Holders defeats the very purpose of allotments being made at the commencement of the Financial Year. It will therefore be ensured that **all sub allotments are made expeditiously and acknowledge to this HQs within 03 days of allotment.**

11. Caution for Sub Allotment. Extreme care should be taken for sub allotment of funds under all Heads. Service HQrs/HQ Commands may consider actual requirement of funds by Polyclinics, depending upon the load. High Pressure Stations should be given preference and unnecessary expenditure should **be curtailed. Actual requirements calculated according to staff actually employed under salary Heads only to be allotted to Stn HQs concerned and remaining amount to be kept as reserve by Service HQrs/HQ Commands. Sub** allotments for FOL, Mov of pers, Stores etc should be made considering the geographical location of Polyclinics as well as electricity supply position and available electricity backup. **Usage of the Ambulance should be closely monitored and be limited only within municipal limits and expenditure rationalized. To exercise control over the fund allotted, it is proposed that sufficient reserves should be held by Service HQrs/HQ Commands and release funds gradually after close monitoring of expenditure instead of bulk allotment at initial stage and thereafter adhere process of re-appropriation.**

12. **Barmarking of Munds** All Budget Holders will ensure that within the overall BE allotment 2021-22, committed liabilities take precedence over other categories of expenditure Adequate budget provisions will have to be made for all items where proposals for expenditure (if any), were cleared in anticipation of additional allotment.

13. **Pace of Expenditure in FY 2021-22 & Additional Allotment of Funds** ECHS is a growing scheme and the utilization of funds has seen quantum jump in each successive year. The ECHS budget initially sanctioned is not the final. Hence, it is pertinent to mention that MoD considers only the **CGDA compiled bookings** as expenditure figure and not the actual expenditure as reported by Service HQrs/HQ Commands/spending agencies. Therefore, additional funds for Current Financial Year can be sought from the Mot only when the desired booking by CsDA is achieved. It is imperative that **at least 80**% funds are booked by the CDA for ECHS to seek additional funds from the MoD at the RE stage. Projection of funds be strictly followed Command and Control matrix to avoid infructuous correspondence.

14. Additional funds can be allotted only if the desired targets of expenditure are met by the spending agencies by the due dates. To ensure adequate and timely booking of expenditure, the following actions are required to be taken:

(a) Cash Accounts and paid vouchers are to be submitted by Station HQ Regional Centres to the concerned CDA by 7th of the following month. **Monthly Expenditure Return (MER) are to be submitted by Stn HQ to respective Service / Command HQs. MER by Regional Centres and Consolidated MER of units under the Service/ Command HQs to be submitted to Central Org ECHS by the 3rd working day of the following month. S**ervice HQs Command HQs are requested to strictly deal with the Stations defaulting to comply with this requirement

(b) Medical bills are to be expeditiously processed and paid to ensure that bills do not pile up at the close of the Financial Year. **'First in First out'** system of payment be implemented to maintain optimum age of outstanding bills.

(c) Service HQs & Command HQs need to closely monitor the expenditure **by the Station HQ and w**ithdraw funds from Stations wherever monthly expenditure and bookings do not progress proportionately as per the target of expenditure/ booking.

(d) Funds not likely to be utilised can be surrendered in a consolidated **form b**y Service HQs, HQ Commands, 0/0 DGAFMS, DGDE and Regional **Centres even bef**ore the Revised Estimates stage so that they can be re- appropriated well in time.

(e) Monthly Expenditure Returns (MER) for the above allotted funds will **be forwarded by the Service HQs/ Command HQs and the Regional Centres only t**o this HQ by **3rd working day (R) 3RD Working day** of the **following month by Fax on No. (011-25682392) or by e-mail on (dirpfcechs- mod@nic.in) f**ollowed by ink signed copies through normal post/SDS

15. **Request for Additional Funds. R**equest for additional funds may be forwarded by the DGAFMS, Service HQ, Command HQ, Regional Centres, DGDE after achieving an expenditure of 80% of the allotted budget except under Code

Head 365/00 (MTRE), Request for additional funds should be projected with full justification. No SOC is required for additional allocation of funds, only justification will serve the purpose. Service HQs Command HQs may re appropriate funds within their AoR before projection for additional funds to Central Org

16. **Booking of Expenditure.** Excess bookings in certain Code Head have come under audit scrutiny. It is a serious budgetary process and financial. To avoid such anomalies, reconcile records and liaise with the concern CsDA for timely correction of irregularity,

17. **Surrender of unspent funds at the end of FY:** Surrender of unspent funds at the end of FY is to be carried out through letter or MRO to concern CDA and the same is to be acknowledged by the concern budget holders.

18. Periodic Budget Reports & Returns of FY 2021-22 have to be submitted to Central Organisation ECHS as mentioned below:

Sl No.	Subject	Due Date
(a)	Pre-Revised Estimated of CFY and Forecast Estimate of Ensuring FY	05 Jul 2021
(b)	Revised Estimated of CFY and Budget Estimate of ensuring FY	05 Sep 2021
(c)	Modified Appropriation	05Feb 2021

Note:- Above timeline to be strictly adhered.

19. The last dates for surrender of funds will be **05 Mar 2022 No (R) No surrender of funds will be accepted after 05 Mar 2022.**

20. The important contents of this letter may please be circulated to all concerned within your AOR.

(Ashok Nigam)
Gp Capt
Dir (Proc & Fin)

Copy to:

All Regional Centres ECHS

DGAFMS - with Appendix 'D' and 'K' only. DGDE -

with Appendix 'H' and 'K' only.

Internal Copy To:

Dir (Stats & Auto)- For uploading in ECHS website.

Appendix 'A'

RECEIPTS & RECOVERIES

MAJOR HEAD: 0076 MINOR HEAD 107

1. **ECHS Contribution Code Head 405/01**: ECHS contribution of ESM are deducted from the pensionary benefits at the time of retirement by PCDA/ ACDA/JCDA concerned and deposited in this code head

2. In case a pre 2003 retiree, who is still not a member and desires to join the scheme he can do so by paying the contribution at the prevailing rates as follows:

Sl No.	Subject	Due Date
(a)	Recruit to Have & equivalent in Navy & AF	Rs. 30,000/-
(b)	No Sub/Sub Maj or equivalent in Navy & Air Force (Including Hony Nb Sub/MACP Nb Sub and Hony Lt/ Capt)	Rs. 30,000/-
(c)	All officers	Rs. 1,20,000/-

3. The payment is to be made through MRO and the code head mentioned should be 405/01. There is a provision of e-MRO also and can be accessed through CGDA site a**t www.cgda.nic.in** . The following should be selected in the drop down menu and other field is to be filled and online payment can be made.

(a) The e-MRO can be accessed in the CGDA page at Division Tab=> Accounts => SBI CMP & e- MRO=> Log in to e-MRO and the SBI Collect page will open.

(b) The following field is to be selected from dropdown as follows :

(i) Name of Corporate/Unit = All India

(ii) Type of Corporate/Unit = Govt Department

(iii) Govt Dept Name = e-MRO

(iv) Select Controller Concern = Select PCDA/CDA of your zone INDIVIDUAL

(v) Name of the sub office = sub office of your zone

(vi) Name of the Organisation= EX SERVICEMAN CONTRIBUTORY HEALTH SCHEME (vii) Nature of Payment = ECHS CONTRIBUTION (viii) Then fill all respective columns.

4. Receipts from Auction of ECHS Stores/Eqpt Code Head 405/02. All receipts from auction of stores and equipment procured out of ECHS funds to be deposited into code head through MRO) e-MRO.

5. Miscellaneous Receipts Code Head 405/03. All other receipts are to be accounted for this code head**. Recoveries due to overpayments to hospitals are required to be accounted under this code head** whenever any deposit is made by the hospital. The deposits can be made through MRO and code head mentioned

should be 405/03. In case of e-MRO the following should be selected in the drop down menu and other field is to be filled and online payment can be made as mentioned follows:

(a) The e-MRO can be accessed in the CGDA page at Division Tab=> Accounts => SBI CMP & e- MRO=> Log in to e-MRO and the SBI Collect page will open.

(b) The following field is to be selected from dropdown as follows :

(i) Name of Corporate/Unit = All India

(ii) Type of Corporate/Unit = Govt Department

(iii) Govt Dept Name = e-MRO

(iv) Select Controller Concern - Select PCDA/CDA of your zone INDIVIDUAL

(v) Name of the sub office = sub office to which e-MRO relates

(vi) Name of the Organisation - EX SERVICEMAN CONTRIBUTORY HEALTH SCHEME

(vi) Nature of Payment = Miscellaneous

(viii) Then fill all respective columns.

Appendix 'B'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD – A

1. **Pay & Allowances of Employed/Contractual Staff. R**emuneration to the contractual staff employed at Polyclinic will be paid from this sub head as per the manpower held at Polyclinics and as per the remuneration approved by GoI. The contracted polyclinic staffs are sub-divided into following three categories:

   (a) Code Head 361/01: Salary/Remuneration to the Polyclinic Staff: Officers. (b) Code Head 361/02: Salary/Remuneration to the Polyclinic Staff: Para Medical Staff. (c) Code Head 361/04: Salary / Remuneration to the Polyclinic Staff: Non Medical Staff.

2. Remuneration to the Polyclinic staff will be paid on the last day of every month by the Officer- In-Charge (OIC) Polyclinic through **NEFT**. Remuneration for the month of Mar will be paid on or after first of April. Remuneration will be paid to the polyclinic staff on pay bill- cum- acquaintance roll raised in three copies by the O I/C Polyclinic. The polyclinic staff will sign a receipt as having received the remuneration. Remunerations bill-cum-Acquaintance Roll duly completed, will be signed by the officer in charge polyclinic. The details of object of Expenditure is placed a**t Annexure 1-3.**

3. **Allocation.** The allocation of funds for the Remuneration of the staff will be made to the HQ Navy, Air HQ and Headquarters Commands by Central Organisation, ECHS. The Commands will thereafter sub allocate the funds to the respective Station Headquarters according to the actual employment of contractual staff.

4. **Financial Powers. T**he Station Commanders will have powers for payments to polyclinic staff in accordance with procedures as approved by the Govt of India MoD letter No. 24(3)/03/US(WE)/D(Res) (ii) dated 09 Sep 2003.

Annexure 1 (Refer to Para 2 of Appx B)

OBJECT OF ALLOTMENT AND EXPENDITURE: PAY & ALLOWANCES OF EMPLOYED/CONTRACTED STAFF: OFFICERS

Code Head 361/01. The O IC Polyclinic, Medical Officer, Dental Officer, Medical Specialist, Gynecologist and Radiologist will be paid remuneration from this code head. The approved remuneration vide GoI MoD letter No.22(D)(19)/2017/WE/D(Res) dated 16 Aug 2017 & GoI MoD letter No. 22D(19)/2017/(WE)/D(Res-I) dated 06 Jun 2018 and 22D(19)/2017/WE(D(Res- I) dated 24 Jan 2019 is as follows:

Sl No.	Category	Remuneration (Rs. Per Month)
(a)	Medical Officer	75,000
(b)	Dental Officer	75,000
(c)	Medical Specialist	1,00,000
(d)	Gynecologist	1,00,000
(e)	Radiologist	1,00,000
(f)	Officer-in-Charge-Polyclinic	75,000

Annexure2

(Refer to Para 2 of Appx B)

OBJECT OF ALLOTMENT AND EXPENDITURE: PAY &ALLOWANCES OF EMPLOYED/CONTRACTED STAFF: PARA-MED STAFF

Code Head 361/02. Radiographer, Lab Technician, Lab Assistant, Physiotherapist, Pharmacist, Nursing Assistant and Dental/Tech/Hygienist will be paid remuneration from this code head. The approved remuneration vide GoI MOD letter No. 22D(25)2017/(WE) /D(Res-I) dated 20 Nov 2017 (applicable wef 16 Aug 2017) is as follows:

Sl No.	Category	Remuneration (Rs. Per Month)
(a)	Radiographer	28,100
(b)	Lab Tech	28,100
(c)	Lab Asst	28,100
(d)	Physiotherapist	28,100
(e)	Pharmacist	28,100
(f)	Nursing Asst (Gen)	28,100
(g)	Dental Hygienist/Dental Asst/Dental Tech	28,100

Annexure3

(Refer to Para 2 of Appx B)

OBJECT OF ALLOTMENT AND EXPENDITURE: PAY &ALLOWANCES OF EMPLOYED/CONTRACTED STAFF: NON-MED STAFF

1. C**ode Head 361/04**. Driver, Chowkidar, Female Attendant, Peon and Safaiwala will be paid remuneration from this code head. Clerks authorised for ECHS branch Eol Nepal also will be paid remuneration from this code head. The approved remuneration vide GoI MOD letter No. 22D(25)2017/(WE) /D(Res-1) dated 20 Nov 2017 (applicable wef 16 Aug 17) is as follows:

Sl No.	Category	Remuneration (Rs. Per Month)
(a)	Clerks(ECHS Branch Eol Nepal)	22,500
(b)	Driver	19,700
(c)	Chowkidar	16,800
(d)	Female Attendant	16,800
(e)	Peon	16,800
(f)	Safaiwala	16,800

EPF. As per the present remuneration structure**, No** ECHS contractual staff falls within the EPF bracket. However, the staff who were drawing remuneration of Rs. 15000/- or below prior to 16 Aug 2017 and are continuing with the same terms and conditions of service (Contract will continue to be within the ambit of EPF. Auth. B/49760/ECHS/WC/2017 dated 14 Dec 2017.

Appendix 'C'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-B

1. Transportation. Transportation of stores and transportation of personnel are dealt in this code head. The Transportation is sub-divided into following categories:

(a) **Code Head 362/01 (Movement of Personnel).** When a polyclinic staff is detailed by Station Headquarters to visit any other Station for official work, Travelling Allowance will be admissible in accordance with entitlement of service personnel of equivalent pay scales in the Armed Forces. No Daily Allowance is admissible for contractual staff. TA claims to be submitted to Stn HQ by the staff. The TA bill will be cleared by the Stn HQ according to the prevailing TA rules for service personnel.

(b) **Allocation.** Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and EoI Nepal for further sub- allocation to Station Headquarters. Funds allotted @ Rs.10,000/- per PC per annum. However efforts should be made not to detail Polyclinic Contractual staff for activity not related to Polyclinic. **Polyclinic staff should be called for only absolutely essential conference by Stn HQ & Regional Centres.** Additional funds will be released as and when projection of funds is received subject to expenditure of 80% and availability of funds.

(c) **Code Head 362/02 (Movement of Store).** Funds are meant be utilised by Station Headquarters to collect the drugs and consumables from the SEMO/SEDO for use by Polyclinics. No funds are being allotted to SEMO and SEDO for the purpose. However, SEDO should co-ordinate with SEMO in order to facilitate Stn HQ for consolidated / single collection from SEMO & SEDO.

(d) **Allocation.** Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and EOI Nepal for further sub-allocation to Station Headquarters. @Rs. 20,000/- per PC per annum will be allotted to polyclinics not co-located with SEMO. Additional funds will be released as and when projection of funds is received subject expenditure of 80%.

(e) **Code Head 362/04 (Hiring of Transport including Ambulance).** This code has been incorporated in Major Head 2076, Minor Head 107 Sub Head B (Transportation) by MOD and circulated by CGDA vide CS NO. 08/2020 letter No. A/B/I/13626/XXXI/55 dated 23 Jan 2020.

(f) **Allocation.** The responsibility for hiring of civil transport is that of the station HQ. Bill will be cleared through contingent bills Allotment of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs. Funds will be allotted according to requirement projected with justification by Stn HQ through their respective command/Service HQ. Fund for RCs & Eol Nepal will also be made as per projection received from the RC against firm demands with justification. No SOC is required to be forwarded for allocation of funds.

(g) **FinancialPowers.**

Financial Powers (For Stn HQs)

It will be as per GoI letter No. 8/4/2018-02P dated 25 Jul 2019 Note (II) refer. “The station having Command and Control of polyclinics will utilise the powers vested as per ASP, NSP, AFSP and MSP (of DFPDS-2016) for expenditure under MH 107 for ECHS establishment."

Financial Powers (For RCs & Cent Org)

Cent Org and RC will utilise the financial powers as delegated in Schedule 26 of DFPDS vide GoI letter No 8/4/2018-02P dated 25 Jul 2019.

Appendix 'D'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-C

1. **Stores. T**his sub-head is further sub-divided into four categories viz. purchase of Medical Stores (code head. 363/01), Other Stores (code head 363/02), Furniture & Air Conditioners (code head 363/03) and Vehicle & Generators (code head 363/04).

2. Procurement of these stores are to be carried out as per laid down rules and procedures of FR Part-I, FR Part II, GFR 2017, DPM 2009 an**d through GeM** only.

3. **GFR 2017**. Chapter 6 of GFR 2017 lays down procedure for procurement of Goods & Services. The Rule149,according to rule procurement of Good and services by ministry or departments will be **mandatory** for goods and services available on **Government e-Market places (GeM).** The Financial limit for different types of procurements are as follows:

(a) On-line Purchase through GeM (Rule 149).

(i)	Upto Rs. 25,000/ -	Any available supplier on GeM.
(ii)	Above Rs. 25,000/ - and upto Rs. 5,00,000/-	Seller having lowest price amongst available sellers of at least three different manufactures on GeM.
(iii)	Above Rs. 5,00,000/-	Through online bidding or reverse auction.

(b) **For Purchase Outside GeM (Rule - 154 and 155 of GFR 2017).**

(i)	Upto Rs. 25,000/ -	Purchase can be made without Inviting quotation.
(ii)	Above Rs. 25,000/ - and upto Rs. 2,50,000/ -	Local purchase committee consisting of three members after market survey to ascertain reasonableness of rates. A certificate as per rule 155 is to be rendered.
(iii)	Above Rs. 2,50,000/- and upto Rs. 25,00,000/ -	Limited Tender Enquiry & published in CPP portal.
(iv)	Above Rs. 25,00,000/ -	Advertised Tender Enquiry and published in CPP Portal.

(c) E-Publishing & E-Procurement. It is mandatory for all ministry/Dept of the Central Govt, their sub- ordinate officers and autonomous bodies to publish/their tender enquires and details of bid award on CPP portal. However, procurement made through GeM and/or upto Rs. 2,50,000/ through LPC may not be published in CPP portal.

4. Code head wise objects of expenditure and relevant Financial Power are place**d at Annexure 4 to 7.**

Annexure-4

OBJECTS OF ALLOTMENT & EXPENDITURE: MEDICAL STORES

(1) **Code head 363/01**. Procurement of Medical Eqpt, Medicine, Drugs & consumables, Special Medicines, Repair & Maintenance of Medical Eqpt including AMC, Artificial limbs, Surgical and other implants, joint replacement implants, Special consumables and implants for cardiology, cardio thoracic surgery, renal dialysis and surgery and Domiciliary Medical Equipment is to be carried out from this code head. The purchase of medical store is sub divided into three categories i.e. Bulk purchase, local purchase and emergent purchase. The responsibility for the bulk procurement and local procurement of medical stores has been delegated to SEMO vide DGAFMS letter No. 19189/DGAFMS/DG- 2C/ECHS dated 10 Oct

mergent drugs & consumable through Authorised Local Chemist is to be carried out through Stn HQ of the polyclinic according to GoI letter No. 22D(01)/2016/WE/D(Res-I) dated 22 Aug 2017. All Stn HQs are required to enter into a MOA with the Authorised Local Chemist to purchase emergent medicine.

(2) **Allotment of Fund.** Allocation of fund for bulk purchase and local purchase of medicine will be made by Cent Org ECHS to 0/0 DGAFMS which will be sub allocated to SEMOS & SEDOS. 0/0 DGAFMS should allocate funds to SEMOS **based on dai**ly average sick report and other criteria like geographic location, no of patient suffering from chronic diseases etc. Allotment for fund for purchase of drugs & Consumable through Authorised Local Chemist will be made to IHQ of MOD Navy, Air HQ (VB), Army Commands. , EOI Nepal for sub allocation to Stn HQ. 100% of the authorization will be allocated initially. However, the expenditure state will be reviewed in the month of Oct 2021 or by the end of IInd Qtr of FY 2021-22 and the less expenditure) low booking of funds by the concerned PCDA/ CDA will entail withdrawal of funds unilaterally by this HQ. The details of initial allocation is as follows:

Command	Calculation for Allotment (Rs. in Lakhs)			
	A&B (@2.50 PM)	C (@1.50 PM)	D (@1.00 PM)	Total Proposed
(1)	(2)	(3)	(4)	(5)
Navy	3	5	13	336.00
AF	1	4	19	330.00
SC	15	22	74	1734.00
EC	1	3	30	444.00
NC	0	1	7	102.00
WC	20	21	32	1362.00
CC	11	16	67	1422.00
SWC	10	6	29	756.00
Nepal	3	0	0	90.00
			Total	6576.00

(3) **Financial Power** Powers delegated for procurements of drugs and medical stores, domiciliary equipment according to Schedule 2 of Medical Schedule of Powers 2016 of DFPDS-2016 is to be exercised by SEMOs & SEDOS. The financial power for purchase of emergent medicine and consumable are as

follows according to GoI Dept of ESW MOD letter No. 25(01)/2014/US(WL)(Res) Part-I dated 04 Aug 2014 (Refer to para 21 of Appendix to GoI MoD letter No. 24/10/ 03/US(WE)/D(Res) dated 25 Nov 2003 as amended vide CoI MoD letter No.22D(01)/2016/WE(D(Res-I) dated 22 Aug 2017) -

Ser No.	**Competent Authority**	**Financial Limits**	**Consultation with IFA/MoD Finance**
(a)	Station Commander		
	(i) Lt Col/Col	Upto Rs. 1,00,000	**No**
	(ii) Brig	Upto Rs 2,00,000	**No**
(b)	Sub Area Commander/ Chief of Staff Area HQ (Maj Gen)	Upto Rs. 3,00,000	**No**
(c)	Dy MD, ECHS		**No**
(d)	MD ECHS	Upto Rs. 10,00,000	**No**
(e)	Joint Secretary (ESW)	Upto Rs. 25,00,000	**No**
(f)	Secretary	Upto Rs. 25,00,000	**No**

Annexure-5

OBJECTS OF ALLOTMENT & EXPENDITURE: OTHER STORES

1. **Code Head 363/02.** Purchase of FOL, Clothing items, Non-Medical Stores and Eqpt, Repair & Maintenance including AMC for equipment procured from ECHS code head is to be done from this code head.

2. **Allotment of Fund.** Allocation of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands, EOI Nepal & RCs. The guideline for initial allocation is as under:

(a)	All Mil Polyclinics.	Rs.	30,000/- per annum
(b)	non Mil Polyclinics.		
	(i) Type A & B.	Rs.	60,000/- per annum
	(ii) Type C &D	Rs.	30,000/- per annum

3. Financial Powers. The Stn HQs will utilise the financial powers of Schedule I of DFPDS -16 to Army authorities and relevant schedules of Navy and Air Force. Cent Org ECHS & RCs will utilise Financial Power vested as per Schedule 26 of DFPDS 2016 incorporated by MoD vide GoI letter No. 8/4/2018 02P dated 25 Jul 2019.

Annexure -6

OBJECTS OF ALLOTMENT & EXPENDITURE: FUR & AC

1. **Code Head 363/03 (Furniture & Air Conditioners).** Procurement of Furniture for the polyclinics will be carried out through MES, as per the authorised scale vide GoI MoD No. 24 (5)/04/US(WE)/D(Res) dated 26 Aug 2004.

2. **Allotment of Fund.** Allotment of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs. Funds will be allotted according to requirement projected with justification by Stn HQ through their respective command/Service HQ. Fund for RCs & EoI Nepal will also be made as per projection received from the RC against firm demands with justification. No SOC is required to be forwarded for allocation of funds.

3. **Financial Powers.** For procurement of Furniture and Air Conditioners for Polyclinics, powers of MES as defined in MES regulation will be utilized. Cent Org ECHS & RCs will utilise Financial Power vested as per Schedule 26 of DFPDS 2016 incorporated by MoD vide GoI letter No. 8/4/2018-02P dated 25 Jul 2019.

Annexure-7

OBJECTS OF ALLOTMENT & EXPENDITURE: VEHICLE & GEN

1. **Code Head 363/04.** Procurement of Vehicle and Generator is made from this code head. The expenditure on repair and Maintenance of vehicle & generators including AMC is also to be catered from this code head.

2. **Allotment of Fund.** Allotment of fund will be made to MGO branch for of Vehicles and Generators and allotment for repair and Maintenance of Vehicle & generators including will be made to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs. Funds calculated Rs. 15,000/-per annum per PC. However, due to paucity of funds, 50% of the calculated amount is allotted initially and for Regional Centres Rs. 30,000/- per RC will be allotted initially. Additional funds will be released as and when projection of funds is received subject to expenditure of 80% and availability of funds.

3. **Financial Power.** Powers of MGO will be used for procurement of Vehicles and Generators. Repair and Maintenance is to be carried out accordance to Dte Gen of EME (Ops & Plans) letter No. A/32697/ECHS/EME Ops-3 dated 11 Jan 2012 or subsequent instruction issued from time to time by Stn HQs. Cent Org ECHS & RCs will utilise Financial Power vested as per Schedule 26 of DFPDS 2016 incorporated by MoD vide GoI letter No. 8/4/2018-02P dated 25 Jul 2019.

Appendix 'E'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-D

1. **Information Technology.** Purchase, Repair and maintenance of IT items for ECHS Organizations will be made from this code head. This sub-head is further sub-divided into 10 categories. Purchase of IT Hardware (Local Purchase) (364/01), IT Hardware (Central Purchase) (364/02), IT Software (Local Purchase) (364/03), IT Software (Central Purchase) (364/04), IT Maintenance (Local Purchase) (364/05), IT Maintenance (Central Purchase) (364/06), Computer Stationery and Consumable (Local Purchase) (364/07), Computer Stationery and Consumable (Central Purchase) (364/08), IT Training (Local Purchase)(364/09) and IT Training (Central Purchase) (364/10).

2. Procurement of these items are to be carried out as per laid down rules and procedures of FR Part-I, FR Part-II, GFR -2017 (as per the details mentioned in Appx 'C')and DPM 2009.

3. Code head wise objects of expenditure are as follows:

(a) **Code Head 364/01(IT Hardware) Local Purchase.** Procurement of computer and connected stores will be made from this code head as per the requirement of the Polyclinics and Regional Centres.

(i) **Allotment of Fund.** Allocation fund will be made to IHQ of MoD Navy, Air HQ (VB), Army Commands, EOI Nepal and RCs as per requirement. The allotment will be made after consultation of the requirement by Dir Stats & Auto at Central Org ECHS.

(b) **Code Head 364/03 (IT Software) Local Purchase.** Procurement of software will be made from this code head as per the requirement of the Polyclinics and Regional Centers.

(i) **Allotment of Fund.** Allocation fund will be made to IHQ of MOD Navy, Air HQ (VB), Army Commands, EOI Nepal and RCs as per requirement. The allotment will be made after consultation of the requirement by Dir Stats & Auto at Central Org ECHS.

(c) **Code Head 364/05 (IT Maintenance) Local Purchase.** Maintenance of computers including AMC will be made from this code head.

(i) **Allotment of Fund.** Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and Eol Nepal for further sub-allocation to Station Headquarters. Funds allotted @Rs.30,000/- per High Pressure Polyclinic (Details as per Appx L) and Rs. 15,000/- for rest of the Polyclinics per annum will be allotted initially. Funds calculated @Rs.20,000/- per Regional Centre per annum will be allotted initially.

(d) **Code Head 364/07 (Computer Stationery) Local Purchase.** Procurement of Computer Stationery and consumable items will be made from this code head.

(i) Allotment of Fund. Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and EoI Nepal for further sub-allocation to Station Headquarters. Funds allotted @Rs.50,000/- per A&B, Rs. 30,000/- per C&D and Rs. 5,000/- per E Polyclinics per annum will be allotted initially. An average rate of Rs.60,000/- per Regional Centres per annum will be allotted initially. Fund will be utilized only for those Type E Polyclinics which are operational.

Financial Powers (For Stn HQs)

It will be as per GoI letter No. 8/4/2018-02P dated 25 Jul 2019 Note (II) refer. “The station having Command and Control of polyclinics will utilise the powers vested as per ASP, NSP, AFSP and MSP (of DFPDS-2016) for expenditure under MH 107 for ECHS establishment."

Financial Powers (For RCs & Cent Org)

Cent Org and RC will utilise the financial powers as delegated in Schedule 26 of DFPDS vide GoI letter No 8/4/2018-02P dated 25 Jul 2019.

Appendix 'F'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-E

1. **Code Head 365/00 (Medical Treatment Related Expenditure).** Payment to empanelled hospitals, nursing homes, diagnostic centres and other empanelled facilities will be made from this code head. Medical advances, Re-imbursement to patient for emergent treatment, purchase of specific medical equipment for patient,

to ex-servicemen patients and travelling expenditure for patients and attendants also will be made from this code head.

2. Allocation of Fund: Allotment of fund under this code head will be made to Naval HQ, Air HQ (VB) and Command HQ for clearing the TA bills of the ECHS beneficiaries and fund will be made available to all Regional Centres to clear online medical bills by BPA.

3. Financial Powers. The Financial Power mentioned in GoI MOD DO ESW letter No. 25(01)/2018/WE/D(Res-I) dated 09 Jul 2019 will be used for clearing online medical bills by ALL RCS and Central Org ECHS and 25(01)/2018/WE/D(Res-I) dated 09 Jul 2019 (For Nepal) will be used for clearance of Online Medical Bills. Para 3 (a) of GoI MOD letter No.25(02)/2012/(WE)/D(Res) dt 10 Sep 2013(For Nepal) will be used for Manual Med Bills of Nepal Domiciled Gorkha (NDG) ESM pensioner**. No funds are allotted to Stn HQ for clearance of manual bill wef 01 Apr 2018.**

Appendix 'G'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD F

1. **Code Head 366/00 (Miscellaneous).** Purchase of stationery and consumables, local printing of stationery, purchase of service labels (stamps), official postage, telegrams/telex, speed post and registration charges., installation and payment of telephone bills/fax and internet, cost of law suits/medico-legal cases, Penalty charges imposed by IT Department/ EPF commissioner cost of photographs and identity cards to polyclinic employees, annual contingency purchase of library books, purchase of hot weather/cold weather appliances including establishment charges, washing charges of polyclinics linen, bedding and patient clothing, funeral expenses in respect of death while in polyclinic (limited to linen used, preservation of body and mortuary charges), Gardening and area upkeep, other expenses for establishment not covered under any head, insurance charges of vehicle drivers of polyclinic, purchase of office equipment and maintenance of office equipment including AMC, insurance charges of ambulance, vehicle registration and other local charges, MACT claims, department conferences and connected expenditure, publicity including expenditure on web site, installation/de-installation of equipment excluding transportation and Annual Training Grant are incurred from this code head. Procurement and repair of furniture and air conditioner should not be made from this code head. The fund should be utilized very judiciously. Its expenditure will be briefed during visit of Central Org ECHS reps.

2 **Allotment of Fund.** The allotment will be made as per following details:

(a) **Naval, Air HQ (VB) and Command HQs.** An average allotment of Rs. 3,00,000/- per annum for type A & B, Rs. 2,00,000/- per annum for type C&D and Rs. 25,000/- per annum type E Polyclinics will be made. An additional allotment of Rs. 1,00,000/- per annum for High Pressure Polyclinics, will be made (those included in Appendix L). However, due to paucity of funds, 80% of above calculated funds are allotted initially

of

(b) **Regional Centres & EoI Nepal. An** average allotment Rs. 6,00,000/- per annum for Regional Centres will be allocated.

Financial Powers (For Stn HOS)

It will be as per GoI letter No. 8/4/2018-02P dated 25 Jul 2019 Note (II) refer. "The station having Command and Control of polyclinics will utilise the powers vested as per ASP, NSP, AFSP and MSP (of DFPDS-2016) for expenditure under MH 107 for ECHS establishment."

Financial Powers (For RCs & Cent Org)

Cent Org and RC will utilise the financial powers as delegated in Schedule 26 of DFPDS vide GoI letter No 8/4/2018- 02P dated 25 Jul 2019.

Appendix "H'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD -G

1 **Code Head 367/00 (Revenue Works),** Expenditure including minor works, special works, special repairs, emergency repairs, hiring of building, property tax, water and electricity charges and maintenance of building are to be made from this code heads.

(a) **Allotment of Fund** The allotment details are as follows:

(i) **Air HQ (VB), Naval, Army Comd HQs and EOI Nepal.** An average allotment of Rs. 1,00,000/- per annum for hired/constructed Non-Mil Polyclinic building will be made for paying the water & electricity charges. Additional fund will be allotted as per the projection made by the Air HQ (VB), Naval, Army HQs and Eol Nepal.

(b) **O/o DGDE.** Fund Will be allotted for hiring of building to 0/0 DGDE as per the projection made by 0/0 DGDE.

(b) **Financial Powers** The financial power mentioned in Gol letter No. 24 (3)/103/US(WE)/D (Res)(i) dated 08 Sep 2003 as well as MES regulation DWP 2007 will be used for this code head by Stn HQs. Cent Org ECHS & RCs will utilise Financial Power vested as per Schedule 26 of DFPDS 2016 incorporated by MoD vide Gol letter No. 8/4/2018-02P dated 25 Jul 2019.

Appendix "J'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD -H

1 **Code Head 368/00 (Outsourcing of Services).** This new Sub Head H and Code Head 368/00 has been incorporated by MoD and circulated by CGDA vide CS NO 06/2020 and letter No. A/B/I/ 13626/XXXI/23 dated 07 Jan 2020. The expenditure under this Code Head includes repair of all types of Stores and vehicles, consultancy services, security services, catering services, Conservancy, housekeeping and laundry services, Cafeterias, Messed and kitchen, victuals and catering, cargo handling, office/ secretarial assistance and other services.

(a) **Allotment of Fund.** Allotment of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs. Funds will be allotted according to requirement projected with justification by Stn HQ through their respective command/Service HQ. Fund for RCs & Eol Nepal will also be made as per projection received from the RC against firm demands with justification. No SOC is required to be forwarded for allocation of funds.

(b) **Financial Powers (For Stn HQs)**

It will be as per Gol letter No. 8/4/2018-02P dated 25 Jul 2019 Note (II) refer. “The station having Command and Control of polyclinics will utilise the powers vested as per ASP, NSP, AFSP and MSP (of DFPDS-2016) for expenditure under MH 107 for ECHS establishment."

Financial Powers (For RCs & Cent Org)

Cent Org and RC will utilise the financial powers as delegated in Schedule 26 of DFPDS vide Gol letter No 8/4/2018-02P dated 25 Jul 2019.

Appendix 'K'

OBJECT OF ALLOTMENT AND EXPENDITURE: CAPITAL HEADS

1. **907/38 (Purchase of Land).** The responsibility of Purchase of Land and acceptance of gifted land for construction of non mil polyclinics is that of DGDE. Fund will be allotted to 0/0 DGDE as per the projection made by 0/0 DGDE.

2. **907/39 (Construction of Building).** Fund under this code head will be allotted for construction of building of polyclinics works classified as capital works as per classification of works of DWP-2007 (Ref Para 3 to 11 of DWP-2007) made for purpose of budget. Allotment under code head 907/39 (Construction of Building) will be made to all spending agencies i.e. Naval HQ, Air HQ (VB), and Army Command HQs on receipt of copy of Adm approval along with PDC, financial year wise breakdown of fund requirement and progress of the work.

3. **907/40 (Purchase of Eqpt).** Procurement of medical equipment and equipment costing 10 lakhs or more each and which have a life span of more than 7 years will be done under this code head. Allotment under this code head will be made as per the demand from 0/0 DGAFMS for purchase of Med Eqpt.

Appendix 'L'

LIST OF HIGH PRESSURE POLYCLINICS

SL No	Polyclinics	Type	Services/Comd
1	Kanpur	C	AF
2	Ghaziabad (Hindon)	D	AF
3	Bangalore (Urban)	A	AF
4	Lucknow	C	CC
5	Meerut	B	CC
6	Rurkee	D	CC
7	Dehradun	A	CC
8	Agra	C	CC
9	Allahabad	D	CC
10	Khadki	D	SC
11	Trivandrum	A	SC
12	Pune	B	SC
13	Jodhpur	B	SC
14	Jaipur	B	SWC
15	Delhi Cantt (BHDC)	A	WC
16	Noida	A	WC
17	Mohali	C	WC
18	Ropar	B	WC
19	Yol	A	WC
20	Amritsar	A	WC
21	Chandigarh	B	WC
22	New Delhi (Lodhi Road)	A	WC
23	Jalandhar	A	WC
24	Gurdaspur	A	WC
25	Jammu	A	WC
26	Gurgaon	A	WC
27	Ludhiana	A	WC
28	Gurgaon (Sohana Rd)	B	WC
29	Chandimandir	C	WC
30	Ambala	C	WC

Appendix 'M'

FREQUENTLY ASKED QUESTION (FAQ)

Q.1. Who can approach CO ECHS directly for additional funds projection?

Ans:- Commands HQs and Regional Centres only can approach directly CO ECHS for additional funds. Stn HQs and PCs will approach respective Commands only.

Q.2. Can budget holders re-appropriate funds between Code Heads?

Ans:- No budget holders can re-appropriate the funds between Code Head even CO ECHS can not re-appropriate the funds without approval of DGFP.

Q.3. Who will be responsible for hiring of building?

Ans:- O/o DGDE will be responsible for hiring of building and correspondence regarding payment of rent of ECHS building is to be processed by DGDE.

Q.4. What is the minimum amount for projection and surrender of funds?

Ans:- The minimum amount for projection and surrender of funds to be round off to Rs. 1000. Any projection and surrender of funds to be calculated accordingly.

Q.5. How many Cash Assignment Account can be operated by a Stn HQ (ECHS Cell) having two or more ECHS Polyclinics?

Ans Only a single Cash Assignment Account can be operated by Stn HQ (ECHS Cell) for all ECHS Polyclinics irrespective of any strength fall under their AOR.

Q.6. Can Command HQ make the allotment of ECHS Funds under various Code Head directly to ECHS Polyclinics?

Ans. No, Comd HQ makes the sub allocation of ECHS Funds under various Code Head to Stn HQ (ECHS Cell) where necessary cash assignment will be placed at the disposal of respective Station Commander to their nominated bankers by PCsDA/CsDA to make payment of all the expenditure as specified including running expenditure of ECHS Polyclinics.

Q.7. Who is the authority to give the ECHS funds to ECHS Polyclinic in their Public Fund Account and how much?

Ans. Cash Assignment Account Holder at Stn HQ (ECHS Cell) with the approval of CFA, under whose jurisdiction the Polyclinic falls, may place certain specified **amoun**t to the Polyclinic to meet urgent contingent expenditure which can be recouped from their cash assignment holder with reference to the paid vouchers.

Q.8. What is the purpose behind use of a Public Fund Account at ECHS Polyclinic?

Ans. ECHS Public Fund Account is maintained at ECHS Polyclinic for running petty expenditure as specified in the Financial Procedures.

Q.9. Can Fixed Medical Allowance be granted to ECHS beneficiaries if his district covered by ECHS Polyclinic / Armed Forces Clinic / MI Room upgraded to accommodate ESMs.

Ans. No. FMA will only be applicable to those ECHS beneficiaries whose districts are not covered by ECHS Polyclinic / Armed Forces Clinic / MI Room upgraded to accommodate ESMs, if they opt.

Q.10. Can an ECHS beneficiary, who are drawing FMA, take OPD facility through empanelled facility or ECHS Polyclinic | Armed Forces Clinic / MI Room upgraded to accommodate ESMs?

Ans. No.

Q.11. Can an ECHS beneficiary, who are drawing FMA, take IPD treatment through empanelled facility / service hospitals in case of emergency or on required basis for major diseases for which IPD treatment is necessary?

Ans. Yes.

Tele: 011-20892519

Telefax: 011-25682392

E-mail: dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
ECHS Bhawan, Thimmya Marg,
Near Gopinath Circle,
Delhi Cantt – 110010

02 Jun 2021

B/49715/Advt Policy/AG/ECHS

SO ECHS, IHQ of MOD (Navy)

Air HQ (VB) (D Fin P) / PD DAV (SP)

HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command
(A/ECHS) (All Regional Centres ECHS)

POLICY ON PLACING ADVERTISEMENTS IN THE NEWSPAPERS

1. Reference is made to the following :

Sl. No	Letter No & Date	Subject
(a)	Central Org ECHS letter No B/49787/AG/ECHS dated 14 Oct 2003	Procedure for Placing Advts in Newspapers
(b)	Central Org ECHS letter No B/49787/AG/ECHS dated 07 Nov 2003	Procedure for Placing Advts in Newspapers
(c)	Central Org ECHS letter of No B/49715/AG/ECHS dated 12 Sep 2007	Revised Policy on Advt : Emp Contractual Staff
(d)	Central Org ECHS letter No B/49715/AG/ECHS dated 31 Oct 2007	Placing of Advts with DAVP
(e)	Central Org ECHS letter No A/333632/AG/ ECHS dated 05 Dec 2007	Procedure for Advt for Emp of Contractual Staff
(f)	Central Org ECHS letter No A/333808/AG/ECHS dated 11 Jan 2008	Procedure for Advt for Emp of Contractual Staff
(g)	Central Org ECHS letter No B/49715/AG/ECHS dated 17 Apr 2008	Policy on ECHS Advts

Contd Page 2/ …

Sl. No	Letter No & Date	Subject
(h)	Central Org ECHS letter No B/49715/AG/ECHS dated 21 Jun 2008	Clarification on Advt Policy : ECHS
(j)	Central Org ECHS letter No B/49715/AG/ECHS dated 16 Nov 2012	Guidelines : Publishing of Advts & ePayments
(k)	Central Org ECHS letter No B/49715/AG/ECHS dated 16 Apr 2013	Advt for Employment of Contractual Staff in ECHS Polyclinics
(l)	Central Org ECHS letter No B/49715/AG/ECHS dated 09 Jul 2014	Advt for Employment of Contractual Staff in ECHS Polyclinics
(m)	Central Org ECHS letter No B/49798/LP/AG/ECHS/ 2014-15 dated 26 Aug 2015	Publication of Advt through of Advt Agencies
(n)	Central Org ECHS letter No B/49715/AG/ ECHS dated 17 Jun 2011	Publicity : ECHS Helpline
(o)	Para 3 to Central Org ECHS letter No B/49762/AG/ECHS/ for Medicine Policy dated 29 Aug 2017	Implementation Instrs : Procedure ALC
(p)	Govt of India, Min of Def ID No 22D(04)/08/US (WE)/D(Res) dated 15 Apr 2008	Problems faced on placed of advertisement through DAVP
(p)	Govt of India, Min of Def No 22D(1) 2010/D (Res) dated 12 Jan 2010	DO Letter regarding Advt Policy of Min of Info & Broadcasting

2. Of late, it has been noticed that presently there is no comprehensive policy available on "Placing of ECHS Advertisements in the Newspapers", thus, a necessity has been felt to consolidate and formulate a lucid policy on the subject covering all aspects to streamline the procedures.

3. At present, the following are the common advertisements being placed in the newspapers by the ECHS on regular basis :

(a) "**Employment of Contractual St**aff in ECHS Polyclinics".

(b) "**Empanelment of Authorised Local Chemists for supply of Not Available, Emergent, Life Saving & Essential Drugs to ECHS Polyclinics".**

(c) "**Empanelment of Hospitals / Nursing Homes / Dental Clinics / Diagnostics Centres to provide medical care to ECHS Beneficiaries".**

(d) **"ECHS Helpline".**

Contd Page 3/ …

4. The size, format of advertisements and maximum newspapers for publishing of an advertisement are as under :

Advertisement	Maximum Size of advt (WxH)	Maximum Newspapers in advt to be Which published	Format of Advt	Remarks
Em of Contractual p Staff	15 x 15 sq cm #	Two	Appx A	To be placed by Stn HQs
Emp of ALC	15 x 15 sq cm #	Two	Appx B	To be placed by Stn HQs
Emp of Hospitals/ Nursing Homes/ Dental Clinics / Diagnostics Centres	15 x 15 sq cm #	Two	As required	To be placed by RCS ECHS
ECHS Helpline	As reqd #	As reqd	As required	To be placed by RCs ECHS as and when ordered by CO ECHS
Any other advt of ECHS, if reqd	As reqd #	As reqd	As required	

*Note :- (i) Preferably advertisement should be in Font Size 8 for all **text & 10 for subject heading (Times New Roman).**

(ii) Advt is to be made in DAVP empanelled newspapers.

(ii) Advt is either to be placed through DAVP empanelled agency or to be placed directly with DAVP empanelled newspapers.

5. The other general instructions with regard to publishing of aforesaid advertisements are given in succeeding paragraphs.

6. S**tn HQs (ECHS Cell) to ensure the following :**

(a) The proposed advertisement should be as per requisite format and should not exceed the given size.

(b) Publishing of an advertisement in newspaper is restricted to two different newspapers only which provides maximum coverage at optimum cost subject to DAVP rates only. However, in specific cases where a Ministry/Department/HQ/Establishment wishes to make a deviation from this norm, full and detailed justification should be given while sending proposal to the CFA. In this connection, DAVP website www.davp.nic may be referred.

(c) Name of all concerned Polyclinics ECHS, where required, should be mentioned in the proposed advertisement.

Amended vide CO ECHS letter no B/497915/Advt Policy/AG/ECHS dt 14 Jul 2021
*Ameneded vide CO ECHS letter no B/497915/Advt Policy/AG/ECHS dt 25 Feb 2022.

Contd Page 4/ …

(d) Quotations should be asked either from DAVP empanelled newspapers agency or directly from DAVP empanelled newspapers.

(e) Quotation obtained from DAVP empanelled newspaper agency should be authenticated and should clearly indicate the name of the edition, size of advertisement (W*H), DAVP rates (per sq cm) and total cost of the advertisement.

(f) All advertising agencies accredited by Indian Newspaper Society (INS) and Directorate of Audio Visual Publicity (DAVP) are offered 15% discount on the DAVP approved rates out of which these agencies offer part of discount to customers. This discount aspect also be kept in mind at the tender enquiry stage in order to extract maximum discount on DAVP rates.

(g) The proposed advertisement be forwarded to the RC ECHS indicating the name of DAVP empanelled newspaper, rates & total cost alongwith the quotation of DAVP by newspaper / newspaper agency for obtaining sanction of the appropriate CFA at least one month before the date of publishing of the advertisement. **However, availability of requisite ECHS funds under Code Head 366/00 is to be ensured by Stn HQ (ECHS Cell) before sending the proposal.**

(h) On receipt of sanction of the CFA from RC ECHS, the concerned newspapers agency/ newspaper is to be asked to publish the advertisement in the newspapers and to submit the bills on account of the same.

(j) On receipt of the bills from the Newspapers Agency / Newspapers on account of the advertisement published in the newspapers, e-payment is to be done to the newspapers agency / newspaper by Stn HQs (ECHS Cell) through **their available Cash Assignment Account under the Code Head 366/00 (Misc**) which will be recouped through additional allotment by Comd HQ.

(k) Stn HQ to make only e-payment, ie, by NEFT / ECS mode only.

(l) Further, all correspondence with civil agencies must have e-mail ID & telephone number with STD code. Stn HQs (ECHS Cell) must ensure that correspondence with civil agencies should as far as possible be done through email to avoid any delay.

(m) The draft advertisement will be displayed on the Notice Board of the concerned Stn HQs/CSD Canteen/ECHS Polyclinics and a copy of the same will also be distributed through email to the following agencies for necessary action :

(i) CO ECHS(S&A), ECHS Bhawan, Thimmya Marg, Delhi Cantt-10.

(ii) Dte Gen of Resettlement (Coord), RK Puram, New Delhi-66.

(iii) Army Welfare & Placement Org, Maude Lines, Delhi Cantt-10.

(iv) Dte of Indian Army Veterans, Maude Lines, Delhi Cantt-10.

(v) Dte of Air Veterans, Subroto Park, New Delhi-11.

Contd Page 5/ …

(vi) Dir of Navy Veterans, 6th Chankyapuri, New Delhi-11.

(vii) Kendriya Sainik Board, RK Puram, New Delhi-66.

(viii) Zila Sainik Board.

(ix) Local Sainik Aramgah.

(x) Newspaper agency concerned.

(xi) Local Employment Exchange.

(n) **In case there is no response to the advertisement published in the newspapers, the same should not be repeated in the same newspapers**. However, it can be placed in some other newspapers subject to meet the ibid instructions.

RCS ECHS to ensure the following :

(a) On receipt of proposal for advertisement alongwith quotation from Stn HQs (ECHS Cell), **Director RC ECHS will scrutinize** the same as per laid down instructions with respect to size, format & transit period required for its process.

(b) As per Financial Powers for ECHS vested vide **Schedule 26 of DFPDS 2016 (Sub Head F - Misc & Contingent, Sl. No 26.5), Director RC ECHS will process the proposal, if found correct after due examination.**

(c) As per Sl. No 26.5 of Schedule 26 of DFPDS 2016, **the financial power of the Dir RC ECHS to accord sanction for the proposed expenditure under Code Head 366/00 on account of advertisements to be made in DAVP empanelled newspapers** is as under :-

Sl. No	Competent Financial Authority	Without IFA Consultation	With IFA Consultation
26.5	Sub Head F; Miscellaneous & Contingent Expenditure		
	Director RC ECHS	50,000.00	5,00,000.00

(d) **Director RC ECHS to forward the sanction and quotation to Stn HQs (ECHS Cell) for their further action and retention under intimation to the concerned Comd HQ to make allotment of requisite ECHS funds to the aforesaid Stn HQ under Code Head 366/00 (Misc).** Central Org ECHS (Proc & Fin) should also be communicated in this regard.

(e) A copy of proposed draft advertisement is to be forwarded to **Central Org ECHS (S&A**) immediately after sanction of the CFA for uploading of the same on the ECHS website for publicity.

(f) **Director RC ECHS not to accord the sanction by splitting the cost of an advertisement separately for each newspaper.**

(g) No ex-post-facto sanction be accorded in any case.

(h) Dir RC ECHS to process the proposal beyond his financial power to Central Org ECHS (Proc&Fin) duly verified.

Contd Page 6/ …

8. C**omd HQs**. On receipt of intimation of sanction from RC ECHS, Comd HQ **will make allotment of ECHS Funds under Code Head 366/00 on case to case basis to the concerned Stn HQs (ECHS C**ell) who will make payment to the newspapers / newspapers agency through cash assignment. Allotment / expenditure will be reflected in all budgetary returns including MERs.

9. **Central Org ECH**S. Central Org ECHS will place sufficient funds with HQ Commands under Code Head 366/00 for the purpose. Process

10. Besides all the above, some important clarifications in this regard are as under :

Ser No	Point Observed / Noticed	Clarification
(a)	A case of Stn HQ (ECHS Cell) has come to the light wherein Stn HQs (ECHS Cell) is enquiring about their bills of advertisement for the period from 2015 to 2018 which were forwarded by them to RC ECHS who in turn submitted the for same to Comd HQ for payment	It is evident from this that some RCs ECHS are asking (ECHS Stn HQ Cell) to forward the bills on account of advertisement made in the newspaper consequent upon receipt of sanction from RC ECHS and RCS ECHS in turn are submitting that bills to the concerned Comd HQs payment which is incorrect a per prevailing policy on the subject as payment of the aforesaid bills are supposed to be done by the Stn HQs (ECHS Cell) through their available cash assignment account under Code Head 366/00 and bills are to be retained / maintained at the end of Stn HQs (ECHS Cell) for audit purpose. The role of RC ECHS is only to accord sanction to Stn HQs (ECHS Cell), if the proposal for advertisement is correct as per laid down instructions and to intimate the concerned Comd HQ and Central Org ECHS for allotment of necessary funds to the Stn HQ (ECHS Cell).
(b)	It is also noticed that some RC ECHS is giving sanction to thes Stn HQs (ECHS Cell) twice for the same expenditure, once at duly proposal quoting the term “Provisional Sanction" and second one as "Final Sanction” on receipt of bills from Stn HQs (ECHS Cell) after the expenditure.	This practice is not correct as per office procedure. In this context, it is clarified that sanction of CFA is to be issued only once on receipt of the time of proposal for advertisement, however, it may be treated as "provisional Sanction" till allotment of fund and immediately after allotment, it will be become "final sanction" automatically

Contd Page 7/ …

11. In order to counter such incorrect practices as mentioned at Para 10 (a) & (b), it is also pertinent to mention here that the following sequence of actions should be strictly adhered to :

Action	**ACTIONS IN SEQUENCE TO BE TAKEN BY**	
	Stn HQs (ECHS Cell)	**RCs ECHS**
1st Action	(i) To prepare the draft as per the requisite format & size. (ii) To ask DAVP emp newspapers / newspaper agency to fwd the quotation for the same and thereafter to submit the proposed advt alongwith quotation to RC ECHS	(i) On receipt of proposal for of proposed advt alongwith quotation, same is to be scrutinized as per laid down procedures, i.e., correct size & format of advt, DAVP rate, DAVP emp newspaper of max coverage at optimum cost etc. (ii) As per Sl. No 26.5 at sch 26 of DFPDS 2016, sanction of Dir, may be accorded, if the proposal is in order. The fin power of Dir RC is Rs 50,000/- under Code Head 366/00 (Sub Head F: Misc Expdr). (iii) Proposed advt & quotation are to be returned duly sanctioned to Stn HQ (ECHS Cell) under intimation to the concerned Comd HQ and Cent Org ECHS.
2nd Action	(i) On receipt of sanction from RC, advertisement to be placed in the newspapers as per quotation and ask newspapers / newspaper agency for bill cum tax invoice. (ii) On receipt of bill cum tax invoice from newspapers / newspaper agency, necessary payment to this effect is to be done by Stn HQs themselves only through their available cash assignment account under Code Head 366/00 which will be recouped through additional allotment by the concerned Comd HQ. (iii) Only e-payment, ie, by NEFT/ECS mode is advised	No ex-post-facto sanction is to be accorde HQs (ECHS Cell) are asking for d in any case as some Stn sanction after making expenditure on the advertisement.

Contd Page 8/ …

Action	ACTIONS IN SEQUENCE TO BE TAKEN BY	
	Stn HQs (ECHS Cell)	**RCs ECHS**
3rd Action	Original bills / vouchers are to be retained / maintained at the end of Stn HQs for audit.	

12. This supersedes all previous policy letters on the advertisements issued by Central Org ECHS.

13. The letter be circulated to all concerned under your AOR.

14. This has the approval of MD ECHS and be implemented with immediate effect.

(Ashok Nigam)
Gp Capt
Dir(Proc & Fin)
for MD ECHS

Enclosures : As stated.

Internal

Dir (S&A) 1.Please upload this policy on ECHS website.

2. All previous policy letters on placing of advertisements in the newspapers be removed from the ECHS website accordingly.

Dir(Ops & Coord)

Dir (Med)

Dir (C&L)

Appendix A

(Refer to Para 4 of CO ECHS letter No B/49715/Advt Policy/AG/ECHS Dated 15 Jul 2021)

FORMAT OF ADVERTISEMENT FOR EMPLOYMENT OF CONTRACTUAL STAFF IN ECHS POLYCLINICS TO BE MADE IN EMPANELLED NEWSPAPERS

GOVERNMENT OF INDIA

MINISTRY OF DEFENCE EX-SERVICEMEN CONTRIBUTORY HEALTH SCHEME STATION HQ (ECHS CELL)----------

----

PHONE : STD CODE-PHONE NO

e-mail: **----------**

EMPLOYMENT NOTICE

ECHS invites applications to engage following Medical, Para Medical & Non Medical Staff on contractual basis in ----------x ECHS Polyclinics -------

----------&-------for a period of one year for ESMs and 11 months for the civil candidates. Appointment.

Appointment	Minimum Qualification	No of Vac	Fixed Remuneration
OIC Polyclinic			
Medical Specialist			
Medical Officer			
Dental Officer			
Lab Tech / Asst			
Nur Asst			
Physiotherapist			
Pharmacist			
Dental Hyg/ Asst			
DEO			
Clerk			
Driver			
Female Attendant			
Peon			
Safaiwala			

2. **For Terms & Conditions. Application Form & Remuneration**. Kindly see our website www.echs.gov.in. For additional details, please contact Sin HQ (ECHS Cell) ---------- at Telephone No ----------, & Mobile No ----------& email ID ---- ----------. Also approach concerned ECHS Polyclinic for details. Preference will be given to the Ex-servicemen.

3. **Last date of receipt of application as per format given at our website**. Application as per requisite format along with self attested photocopies of testimonials in support of Educational Qualifications and Work Experiences will be submitted to OIC, Stn HOS (ECHS Cell), ---------- by ----------
--- (Date) in duplicate. Any application received alter ----------will not be accepted.

4. **Interview Date, Timing & Venue**. Candidate must reach ---------- (Place) at ---------- (Time) on (Date) for the interview to be held between ---------(hrs) to----------(hrs). Candidates must bring all the original certificates mark sheets/degree of 10"/ Matric 10+2 & Graduation/ post graduation / diploma / course, work experience and discharge book, PPO, service records and ---------- PP size colour photographs at the time of interview, No TADA is admissible. Only candidates meeting the Qualitative Requirements may apply.

Maximum 15 Cms

Appendix B

(Refer to Para 4 of CO ECHS letter NoB/49715/Advt Policy/AG/ECHS Dated Mar 2021)

FORMAT OF ADVERTISEMENT FOR EMPANELMENT OF AUTHORISED LOCAL

CHEMISTS WITH ECHS TO BE MADE IN EMPANELLED NEWSPAPERS

GOVERNMENT OF INDIA

MINISTRY OF DEFENCE

EX-S**ERVICEMEN CONTRIBUTORY HEALTH SCHEME**

STATION HQ (ECHS CELL),

PHONE: STD CODE-PHONE NO

.

E-TENDER NOTICE FOR EMPANELMENT OF AUTHORISED LOCAL CHEMIST FOR SUPPLY OF MEDICINES TO XECHS POLYCLINICS IN (STATE) FOR A PERIOD OF

OPEN TENDER NOTICE NO ———————————

For and on behalf of the President of India, Station Commander, Station HQ ---------- invites online bids from reputed Local Chemists for empanelment to supply "N*ot Available, Emergent, Life Saving & Essential Drugs** on as required basis to ---------- x ECHS Polyclinics ------ ————————&---------- located in (State) under ECHS. The names of the ECHS Polyclinics and their location and EMD are mentioned in the e-tender document. Bidders are advised to refer to the e-tender published online at CPP portal.

Online bids will be received through the 2-bid system or ---------- (technical and financial bids) via the Central Public Procurement Portal (CPP) only. The eligibility criteria & other details including terms and conditions of the e-tender DOCUMENT can be downloaded free of cost from the CPP portal https://eprocure.ov.in/eprocure/app using Tender ID No corresponding to the tender of ECHS

Polyclinics where interested from ---------- to ---------- till 1800 hours. The e-tender for each of the ---------- --- x ECHS Polyclinics will be separate tender. The tender document is also available on the ECHS website www.echs.gov.in under relevant tender head. The last date for bid submission at 1800 hours.

StationCommander

Station HQ.

(Tender Inviting Authority)

Maximum 15 Cms

Tele : 011-20892519
Telefax : 011-25682392
E-mail : dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of Mod ((Army)
ECHS Bhawan, Thimmaya Marg,
Near Gopinath Circle,
Delhi Cantt- 110010

14 Jun 2021

B/49796/AuditPolicy/AG/ECHS

SO ECHS IHQ of MoD (Navy)
Air HQ (VB) (D Fin P) / PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Western South Command (A/ECHS)
HQ Andaman & Nicobar Command
(A/ECHS) (All Region Centres ECHS)

POLICY & ADVISORY: RESPONSIBILITIES OF THE CONTROLLING OFFICERS AND MANAGEMENT OFAUDIT OBJECTIONS / OBSERVATIONS, MFAIs AND OVERPAYMENTS IN ECHS

1. Reference is made to the following :-
   (a) Financial Regulations Part I, Vol-I (Revised Edition 1983)
   (b) GoI, MoD letter No 24 (3)/03/US(WE/D (Rest) (ii) dated 09 Sep 2003.

2. The necessary instructions/ guidelines with regard to **"Responsibilities of the Controlling Officers"** and **"Management of Audit Objections / Observations, MFAIs and Overpayments"** in the ECHS are given in succeeding paras.

3. At the outset, it is brought to the notice that **controlling officers is fully responsible for correctness of all such expenditure which have been approved / sanctioned by him or next senior officer to him in chain of command** as Competent Financial Authority as per delegation of financial powers. **As far as ECHS Funds concerned, the following controlling officer at various Est/HQs are accountable for ECHS Funds allocated to them** under various Codes Head as mentioned against each :-

Ser No	Designations the Controlling Officer	Allotment of ECHS Funds to be made by	Code Head		Remarks
(a)	Dir , RC ECHS	Cent Org ECHS	(i)	362/01 to 362/04	
			(ii)	363/02 &363/ 03	
			(iii)	364/01 to364/ 10	
			(iv)	366/00	
			(v)	368/00	

Ser No	Designations the Controlling Officer	Allotment of ECHS Funds to be made by	Code Head		Remarks
(b)	Sth Cdr , Sth HQ (ECHS Cell)	Cent Org ECHS through respective Comd HQs	(i)	361/ 01 to 362/ 04	365/00-For Travelling Allce (TA) only and **not for MTRE.**
			(ii)	362/ 01 to 362/	

			(iii)	04 363/ 01 to 363/ 03	
			(iv)	364/ 01 to 364/ 10	
			(v)	365/ 00*	
			(vi)	366/ 00	
			(vii)	367 / 00	
			(viii)	368 / 00	
(c)	SEMO/ CO/ Comdt , Mill Hosp	Cent Org ECHS through DGAFMS	363/01		
(d)	Comdt, AFMSD/ Col, AFMS (Plg), DGAFMS	Cent Org ECHS through DGAFMS	(i)	363/ 01	
			(ii)	907/ 40	
(e)	MGO	Cent Org ECHS	(i)	363/ 04	
			(ii)	907/ 40	
(f)	GE/MES	Cent Org ECHS through respective Comd HQs	(i)	363/ 03	
			(ii)	367/ 00	
			(iii)	907 / 39	
(g)	DEO/DGDE	Cent Org ECHS through DGDE	(i)	367/ 00	
			(ii)	907/ 38	

4. <u>Responsibilities of the Controlling Officers in ECHs</u>.

Responsibilities of Controlling Officers are as under :-

(a) The controlling officer must satisfy himself that adequate provisions exist within the departmental Organisation for systematic internal checks calculated to prevent and detect errors / irregularities in the financial transactions of him or his subordinate officers and to guard against waste / loss of public money / stories.

(b) Prescribed checked are to be effectvely applied during the process of each claim / expenditure.

(c) The controlling officer is responsible for enforcing financial control and strict economy at every step. He is responsible for observance, of all relevant financial rules and regulations both by his own office and subordinate officers.

(d) The controlling officer and his subordinate officers incurring or authorizing expenditure (especially MTRE – Code Head 365/00) from ECHS Funds should maintain high standard of financial propriety.

(e) The loss of ECHS Funds / stores, if any, be reported immediately to the local audit authority and concerned CDA as well as higher HQs.

(f) CDA officials / audit authority be provided with all the vouchers, documents and information in support of the such transactions which have been asked for during the process of the online / manual audit.

(g) Due deliberation must be given during processing of the every claim to avoid any audit objection / observation and overpayment at a later stage.

(h) The controlling officer must monitor each audit objection / observation, MFAI and overpayment till resolution.

5. <u>Management of Audit Objections / Observations, MFAIs & Overpayments by the Controlling Officer</u>.

The Controlling Officer must ensure the following :-

(a) All audit objections & observations received from any audit authority must be registered by recording in the dedicated manuscript register and thereafter suitably replied within 15 days of receipt. Further update / monitoring of each audit objection / observation is also required accordingly till its settlements.

(b) To carry out regular monthly meetings with concerned audit authorities to resolve all outstanding audit objections / observations, MFAIs and overpayments.

(c) Audit objections / observations not capable of settlements should be resolved by resorting to recovery of overpayments within three months of receipt of objections / observations. There is two mode for recovery of overpayment as under :-

(i) The controlling officer to make online recovery of overpayment from the concerned hospital's bills due for payment. The controlling officer to ask the concerned hospital to deposit the cash / cheque in Govt. Treasury through MRO on account of overpayment.

(d) Switching over of an audit objection / observation to MFAI by the audit authority should be avoided.

(e) TDS. In case of recovery of overpayment, due care to be exercised to avoid any lapse towards TDS recoveries as well as linking-up with relevant audit objections / observations by furnishing the details on the reverse of MROs or in the audit objection register.

(f) The controlling officer will ask the concerned audit authority to issue settlement memo immediately after settlement of each audit obj /obs.

6. **Communication required with Empanelled / Non Empanelled Hospitals in case of Recovery of Overpayment.** In this connection, the following actions will be ensured the controlling officer and his subordinate officers :-

(a) Hospital may be intimate through online module / official letter about the recovery , if the audit objection replied by hospitals through online module / offline mode is not settled. Concerned RC/ Stn HQ are to get hospital's consent for online recovery of overpayment from the hospital's bills due for payment or otherwise to ask the hospital to deposit the amount of recovery through MRO.

(b) In connection with non receipt of any reply to audit objection from hospital or non deposition of amount on account of overpayment through MRO by hospital, concerned RC / Stn HQ is to take necessary actions for online recovery of overpayment from the hospital's bill due for payment, if available.

(c) If hospital's future bill is not available for payment consequent upon dis-empanelment / shut down of hospital, all statutory measures such as show cause notice, legal notice, lodging of FIR, filling of court case etc will be adopted to affect the recovery. Copy of the ibid legal documents and such other actions taken by RCs ECHS / Stn HQs may be intimated to the concerned PCDA / CDA.

(d) Loss Statement. In case of non recoverable amount, a loss statement should be initiated by the Controlling Officer and sent to the concerned PCDA / CDA to get final audit report thereon. After that, the same will processed through proper channel to obtain sanction of CFA to regularize the loss

7. **Communication required with Individuals in case of Recovery of Overpayment.** In this connections, the following actions will be ensured the controlling officer and his subordinate officers :-

(a) Individual may be intimated through an official letter duly quoting all details of overpayment on re-imbursement under intimation to concerned Stn HQ & ECHS Polyclinic. RC ECHS is to provide MRO duly completed in all respect to the individual through the concerned ECHS Polyclinic and ask him to deposit the amount of overpayment in Govt Treasury as per MRO. Any assistance can be obtained from concerned Stn HQ / ECHS Polyclinic in this regard, if required.

(b) In case of non receipt of any reply from the individual, all statutory measures such as show cause notice, legal notice, lodging of FIR, filing of Court Case will be adopted to affect the recovery. Copy of the ibid legal documents and such other actions taken by RC may be intimated to the concerned PCDA / CDA.

(c) **Loss Statement.** As per Para 6 (d) above.

8. **UTI-ITSL (BPA) Related Issues.**

(a) Recovery of Penalty from BPA on Overpayment Claims.
Appropriate actions to be taken as per Para 12.2 & Para 14 of MoA dated 29 Sep 2015 with regard to recovery of penalty from BPA on overpayments claims. After due consideration of BPA's justification to audit objections and reply to show cause notice of RC ECHS, recovery from BPA will be made through adjustment from the subsequent BPA fee due for payment on generating of new SID.

(b) However, in case of non receipt of BPA's reply to audit objections / observations as well as any query related to BPA, Central Org ECHS (S&A Section) may be approached for further direction / clarification.

9. **Clarifications. The following is to be ensured :-**

(a) **Processing of Manual Hospital Claims pertaining to the Stn HQs.**

(i) The manual claim processed by Stn HQ (ECHS) is to be uploaded by RC ECHS. In this connection, please refer to Para 2 (a) & (b) of Central Org ECHS letter No B/49778/AG/ECHS/CLAIM/RC Bangalore dated 10 Jul 2018.

(ii) As per financial norms, bill processing agency & paying agency may not be the same. However, in this case the bill processing agency is the Stn HQ and paying agency is the RC ECHS. JD (A&AM) / JD (Est) is only uploading a processed / sanctioned bill or in other words converting a manual bill into digital form.
Please refer to Para 3 (b) (vi) of Central Org ECHS letter No B/49791/ Dig Payments/AG/ECHS dated 15 Mar 2018.

(iii)Responsibility to settle audit objection / observation remain with the Stn HQ who has processed the bill. RC ECHS is only the monitoring agency only in this matter. However, Stn HQ (ECHS) may take help of RC ECHS in recovery of overpayment. Reference is made to Para 2 (c) of Central Org ECHS letter No B/49778/AG/ECHS/Claim/RC B'lore dated 10 Jul 2018 and Para 4 (ii) of Central Org ECHS letter No B/49778/AG/ECHS/Claim/ Policy dated 08 May 2018.

(iv)The work flow chart for uploading and processing of manual bills has already been forwarded vide S&A

(b) **BPA fee for "Hospital Rejected Claim".** BPA fee for "Hospital rejected claims" is to be paid out of re-imbursement amount of further medical bills of the empanelled facilities available for payment. In this connection, please refer to Central Org ECHS letter No B/49779-Outsourcing/AG/ECHS dated 27 Jul 2020 with respect to clarification regarding "Individual rejected reimbursement claim".

(c) **BPA fee for "Individual Rejected Claims".** BPA fee for "Individual rejected claims" is to be paid out of ECHS Funds under Code Head 365/00 (MTRE).

(d) **Any Online Arbitration Required.** No online arbitration is required. Recovery may be done, if it is justified and possible.

(e) **Cash Assignment Account to be operated at Stn HQ (ECHS).** As per Part II (Financial Management at Stn HQs) in Appendix to GoI, MoD letter No 24 (3) /03/US (WE/D (Res) (ii) dated 09 Sep 2003, only one account titled "Cash Assignment Account, ECHS Cell" is to be operated by cash Assignment Holder at Stn (ECHS Cell) for all ECHS Polyclinics under their jurisdiction.

(f) **Cash Assignment Account to be operated at RC ECHS.** As per GoI, MoD letter No 24 (3)/03 /US(WE/D(Res) (ii) dated 09 Sep 2003, each RC ECHS is also authorized to operate only **single account titled "Cash Assignment Account, RC ECHS"** for accounting / management of ECHS Funds under various Code Heads.

(g) **Public Fund Account to be operated at Polyclinic ECHS.** As per Part III (Financial Management at Polyclinics) in Appendix to GoI, MoD letter No 24 (3)/03/US((WE/D(Res) (ii) dated 09 Sep 2003, a separate Public Fund Account titled **"ECHS Public Fund Account, Polyclinic"** is to be maintained at all ECHS Polyclinics to meet their petty / contingent expenditure subject to annual financial limit.

10. The following letters may also be referred for necessary guidelines / instructions :-

Ser No	Central Org ECHS letter No & Date	Subject
(a)	Central Org ECHS letter No B/49796/AG/ECHS dated 18 Nov 2015.	(a) Hastening of Recoveries against Audit Objections (b) Adherence to Recommended pace of Booking of Expenditure.
(b)	Central Org ECHS letter No B/49778/AG/ECHS dated 8 May 2018.	Revised Procedure for Settlement of Manual Bills
(c)	Central Org ECHS letter No B/49796/Audit Policy /AG/ECHS dated 15 Jan 2019.	Hastening of Recoveries against outstanding audit objections of Stn HQs (ECHS)
(d)	Central Org ECHS letter No B/49779-Outsourcing/AG/ECHS dated 04 Feb 2019.	Module for Manual Bills
(e)	Central Org ECHS letter No B/49796/AuditPolicy/AG/ECHS dated 05 Feb 2019.	Hastening of Recoveries against outstanding audit objections of Stn HQs

11. **FAQs.** Some general FAQs with regard to accounting / financial procedures, audit objections / observations, MFAI, overpayments, recovery and their settlement memo are as under :-

Ser No	FAQs	Clarification
(a)	What is difference between Controlling Officer and Competent Financial Authority ?	Controlling Officer is authorized for booking, expenditure and payment out of funds allocated to them under various code heads, however, CFA may be the controlling officer himself or his next senior officer in chain of command as per delegation of financial power.
(b)	Who is controlling officer for MYRE (Hosp bills / individuals' medical re- imbursement claims) in ECHS	Dir RC is fully responsible for audit and accounting of MTRE Hosp bills / individuals' medical re-imbursement claims except those which have been processed by Stn HQ to RC ECHS for payment.
(c)	How can manual bills / vouchers pending at Stn HQ be processed as no fund is allocated to Stn HQ (ECHS Cell) for MTRE (Medical Treatment Related Expenditure)?	The hard copy of bills / vouchers duly approved and completed in all respects be submitted to the concerned RC ECHS for their uploading on UTI-ITSL portal.
(d)	Who will make the payment on account of the MTRE's manual bills / vouchers processed by Stn HQ (ECHS Cell) to RC ECHS?	After due authentication of the uploaded manual bills / vouchers on the portal at RC ECHS, Dir RC will generate the SID and process the same to the CDA for release of payment through SBI CMP.
(e)	Who is responsible for the audit obj / obs raised on the manual bills / vouchers processed by Stn HQ (ECHS Cell) and uploaded on the portal & paid by RC ECHS?	Stn Cdr concerned, however, Stn Cdr may ask Dir RC ECHS for recovery of overpayment aforesaid audit obj / obs from the hospital's bills available for payment.
(g)	Who is responsible for all the audit obj / obs raised on MTRE claims sanctioned / approved by Dy or MD ECHS or MoD as the case may be?	Dir RC.
(h)	Who is responsible for online audit obj / obs pending at CO ECHS / BPA /hosp level?	Dir RC, however, he may ask the required information from them to resolve the aforesaid audit obj / obs pending at any level.
(f)	Can recovery of overpayments be adjusted online through making deduction from the bills available for payment by RC ECHS and can cash deposit be done through MRO by the concerned facility / firm / individual?	Yes, as per Note below Rule 258 of Financial Regulations Part I, Vol-I (Revised Edition 1983).
(j)	How many cash assignment accounts can be operated at a Stn (ECHS Cell) having two or more Polyclinics under their AOR?	Only single Cash Assignment Account for ECHS can be operated at a Stn (ECHS Cell).
(k)	How may cash assignment accounts can be operated at a RC ECHS?	Only single Cash Assignment Account.

(l)	Can payment out of ECHS Funds be diverted through Public Fund Account?	**No, Public Fund Account is not authorized for ECHS Funds**
		transactions at Stn HQ (ECHS Cell) and RC ECHS. Only petty expenditure of Polyclinic can be done through ECHS Public Fund being maintained by Polyclinic subject to their annual financial limit.
(m)	Why the SIDs containing BPA Fee only with regard to Hospital Rejected Claims is not accepted in TULIP.	Releasing BPA Fee Payment to UTI- ITSL against Hospital Rejected Claims without recovering these from the concerned hospitals is clearly overpayment. Hence, the same is to be well recovered from the hospitals and thereafter mixed SIDs are to be generated duly giving references of recovery.

12. This be circulated to all concerned under your AOR.
13. This is issued with the approval of MD, ECHS

(Ashok Nigam)
Gp Capt
Dir (P&FC)
For MD ECHS

Internal
All Sec----------

Tele: 011-20892519

Telefax:011- 25682392

email: dirpfcechs- mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
ECHS Bhawan, Thimmya Marg,
Near Gopinath Circle,
Delhi Cantt - 110010

B/49715/Advt Policy/AG/ECHS (i)

14 Jul 2021

ECHS Branch (For Attn: AMA)

Embassy of India

Kathmandu (Nepal)

POLICY ON PLACING ADVERTISEMENTS IN THE NEWSPAPERS

FOR ECHS BRANCH, EOI (NEPAL), KATHMANDU

1. At the outset, it is intimated that policy issued vide Central Org ECHS letter No B/49715/Advt Policy/AG/ECHS dated 02 Jun 2021 is not applicable to ECHS Branch, EOI (Nepal), Kathmandu.

2. The necessary instructions and procedures with regard to placing various ECHS advertisements in the newspapers of Nepal to be followed by ECHS Branch, EOI (Nepal), Kathmandu are given in succeeding paragraphs.

3. As per Para 3 (c) & (d) of Govt of India, Min of Def Order No 25(02)/2012/ (WE)/D(Res) dated 10 September 2013, Defence Attache may exercise either the financial powers authorised in the mission or Category II powers as RC Director for all ECHS related activities in Nepal. Hence, as per Sl. No 26.5 of Schedule 26 of DFPDS 2016, the financial powers of Defence Attache is equivalent to Dir RC ECHS ***to accord sanction for the expenditure under Code Head 366/00 on account of advertisements to be made in newspapers of Nepal :***

Sl. No	Competent Financial Authority	Without IFA Consultation	With IFA Consultation
26.5	Sub Head F : Miscellaneous & Contingent Expenditure		
	Director RC ECHS	50,000.00	5,00,000.00

4. At present, the following are the common advertisements being placed in the newspapers by the ECHS on regular basis :

(a) "***Employment of Contractual Staff in ECHS Polyclinics".***

(b) **"*Empanelment of Authorised Local Chemists for supply of Not Available, Emergent, Life Saving & Essential Drugs to ECHS Polyclinics".***

(c) *"**Empanelment of Hospitals / Nursing Homes / Dental Clinics / Diagnostics Centres to provide medical care to ECHS Beneficiaries".***

(d) **"ECHS Helpline".**

Contd to Page 2/ ….

5. The size, format of advertisements and maximum newspapers for publishing of an advertisement are as under :

Advertisement	Maximum Size of advt (WxH)	Maximum Format of Advt which advt to be published	Format of Advt	Remarks
Emp of Contractual Staff	15 x 15 sq cm **OR** 225 sq cm	Two	Appx A	To be placed by EOI (Nepal), Kathmandu
Emp of ALC	15 x 15 sq cm **OR** 225 sq cm	Two	Appx B	-do
Emp of Hospitals / Nursing Homes / Dental Clinics / Diagnostics Centres	15 x 15 sq cm **OR** 225 sq cm	Two	As reqd	-do
ECHS Helpline	As reqd	As reqd	As reqd	-do
Any other advt of As reqd ECHS, if reqd	As reqd	As reqd	As reqd	-do

Note : (i) Preferably advertisement should be in **Font Size 8 for all text & 10 for subject heading *(*Times New Roman).**

(ii) Advertisement to be made in the newspaper is restricted to two different newspapers only.

6. The other general instructions with regard to publishing of aforesaid advertisements are given in succeeding paragraphs.

(a) The proposed advertisement should be as per requisite format and should not exceed the given size.

(b) Publishing of an advertisement in newspaper is restricted to two different newspapers only which provides max coverage at optimum cost.

(c) Name of all concerned Polyclinics ECHS, where required, should be mentioned in the proposed advertisement.

(d) Quotations should be asked either from newspapers agency or directly from newspapers.

(e) Quotation obtained should be authenticated and should clearly indicate the name of the edition, size of advertisement (W*H), rates (per sq cm) and total cost of the advertisement.

(f) The proposed advertisement be processed to the CFA, ie, Defence Attachee for obtaining the sanction. ***However, availability of requisite ECHS funds under Code Head 366/00 is to be ensured by the AMA, ECHS Branch, EOI (Nepal), Kathmandu before sanction***. An intimation to this effect may be communicated to Central Org ECHS (Proc & Fin) for additional allotment of ECHS funds under Code Head 366/00 (Misc), if required.

Contd to Page 3/ …

(g) After sanction of the Defence Attache, the concerned newspapers agency / newspaper is to be asked to publish the advertisement in the newspapers and to submit the bills on account of the same

(h) On receipt of the bills from the newspapers agency / newspapers on account of the advertisement published in the newspapers, payment is to be done to the newspapers agency / newspaper by the AM*A* through ***their available ECHS funds under the Code Head 366/00 (Misc)*** which will be recouped through additional allotment by Central Org ECHS (Proc & Fin), if required.

(j) AMA, ECHS Branch, EOI (Nepal), Kathmandu to make payment by cheque.

(k) Further, all correspondence with civil agencies, newspapers agencies / newspapers must have e-mail ID & telephone number with STD code. Stn HQs (ECHS Cell) must ensure that correspondence with civil agencies should as far as possible be done through email to avoid any delay.

(l) The advertisement should be displayed on the Notice Boards of the all the ECHS Polyclinics (Nepal), All District Soldiers Boards of Nepal, Pension Paying Offices and Embassy of India for wide publicity. The same may also be uploaded on EOI website, www.indianembassy.org.np.

7. **Central Org ECHS.** Central Org ECHS will make additional allotment of ECHS funds under Code Head 366/00 to ECHS Branch, EOI (Nepal), Kathmandu as on required basis.

8. This supersedes all previous policy letters on the advertisements for ECHS Branch, EOI (Nepal), Kathmandu issued by Central Org ECHS.

9. This has the approval of MD ECHS and be implemented with immediate effect.

-

(Ashok Nigam)
Gp Capt
Dir(Proc & Fin)
for MD ECHS

Enclosures : As stated.

Internal

Dir (S&A) Please upload this policy on ECHS website. Dir (Ops & Coord)
Dir (Med)
Dir (C&L)

Appendix A

(Refer to Para 4 of CO ECHS letter

No B/49715/Advt

Policy/AG/ECHS (i) Dated

15 Jul 2021)

FORMAT OF ADVERTISEMENT FOR EMPLOYMENT OF CONTRACTUAL STAFF IN ECHS POLYCLINICS TO BE MADE IN EMPANELLED NEWSPAPERS

GOVERNMENT OF INDIA

MINISTRY OF DEFENCE EX-SERVICEMEN CONTRIBUTORY

HEALTH SCHEME STATION HQ (ECHS CELL)----------

PHONE : STD CODE-PHONE NO

e-mail: **----------**

- --------EMPLOYMENT NOTICE

ECHS invites applications to engage following Medical, Para Medical & Non Medical Staff on contractual basis in ----------x ECHS Polyclinics ----------

- ---------- &-for a period of one year for ESMs and 11 months for the civil candidates. Appointment.

Appointment	Minimum Qualification	No of Vac	Fixed Remuneration
OIC Polyclinic			
Medical Specialist			
Medical Officer			
Dental Officer			
Lab Tech / Asst			
Nur Asst			
Physiotherapist			
Pharmacist			
Dental Hyg/ Asst			
DEO			
Clerk			
Driver			
Female Attendant			
Peon			
Safaiwala			

2. **For Terms & Conditions. Application Form & Remuneration**. Kindly see our website www.echs.gov.in. For additional details, please contact Sin HQ (ECHS Cell) ----------

--- at Telephone No ----------, & Mobile No ----------& email ID --. Also approach concerned ECHS Polyclinic for details. Preference will be given to

the Ex-servicemen.

3. **Last date of receipt of application as per format given at our website**. Application as per requisite format along with self attested photocopies of testimonials in support of Educational Qualifications and Work Experiences will be submitted to OIC, Stn HOS (ECHS Cell), ---------- by ---------- (Date) in duplicate. Any application received alter
..... will not be accepted.

4. **Interview Date, Timing & Venue**. Candidate must reach ---------- (Place) at ---------- (Time) on----------(Date) for the interview to be held between --------- (hrs) to ----------(hrs). Candidates must bring all the original certificates mark sheets/degree of 10"/ Matric 10+2 & Graduation/ post graduation / diploma / course, work experience and discharge book, PPO, service records and----------PP size colour photographs at the time of interview, No TADA is admissible. Only candidates meeting the Qualitative Requirements may
apply.

Appendix B

(Refer to Para 4 of CO ECHS letter

No B/49715/Advt Policy/AG/ECHS (i)

Dated 14 Jul 2021)

FORMAT OF ADVERTISEMENT FOR EMPANELMENT OF AUTHORISED LOCAL

CHEMISTS WITH ECHS TO BE MADE IN EMPANELLED NEWSPAPERS

GOVERNMENT OF INDIA

MINISTRY OF DEFENCE

EX-S**ERVICEMEN CONTRIBUTORY HEALTH SCHEME**

STATION HQ (ECHS CELL),

PHONE: STD CODE-PHONE NO

.

E-TENDER NOTICE FOR EMPANELMENT OF AUTHORISED LOCAL CHEMIST FOR

SUPPLY OF MEDICINES TO XECHS POLYCLINICS IN

(STATE) FOR A PERIOD OF

OPEN TENDER NOTICE NO ————————————

For and on behalf of the President of India, Station Commander, Station HQ ---------- invites online bids from reputed Local Chemists for empanelment to supply "N*ot Available, Emergent, Life Saving & Essential Drugs** on as required basis to ---------- x ECHS Polyclinics ------ ————————&---------- located in (State) under ECHS. The names of the ECHS Polyclinics and their location and EMD are mentioned in the e-tender document. Bidders are advised to refer to the e-tender published online at CPP portal.

Online bids will be received through the 2-bid system or ---------- (technical and financial bids) via the Central Public Procurement Portal (CPP) only. The eligibility criteria & other details including terms and conditions of the e-tender DOCUMENT can be downloaded free of cost from the CPP portal https://eprocure.ov.in/eprocure/app using Tender ID No corresponding to the tender of ECHS

Polyclinics where interested from ---------- to ---------- till 1800 hours. The e-tender for each of the ---------- --- x ECHS Polyclinics will be separate tender. The tender document is also available on the ECHS website www.echs.gov.in under relevant tender head. The last date for bid submission at 1800 hours.

Station Commander

Station HQ.

(Tender Inviting Authority)

Tele: 011-20892519
Telefax: 011-25682392
email: dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
ECHS Bhawan, Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt – 110010

B/49796/Policy/AG/ECHS

03 Sep 2021

(All RCs ECHS)

REGARDING RECOVERIES OF OBJECTIONS RAISED AGAINST

ONLINE ECHS BILLS

1. Reference is made to Central Org ECHS (S&A) letter No B/49779 Outsourcing/AG/ECHS dated 24 Aug 2021.

2. Henceforth, all **RCs ECHS to approach BPA directly through email** under intimation to Central Org ECHS **(S&A)** ***to get the availability of old archived bills viewed online as and when required.*** However, it will be ensured by RCs ECHS that old archived bills will be available to RCs ECHS for their viewing / examination ***for a period of 15 or 21 days only.***

3. This disposes off RC ECHS-I, Delhi Cantt letter No 503/32/CA dated 26 Jul 2021.

(Ashok Nigam)
Gp Capt
Dir(Proc & Fin)
for MD ECHS

Internal Dir

(S&A)

THROUGH E-MAIL ONLY

Tele: 011-20892915
Fax: 25682392
e-mail: dirpfcechs-mod@nic.in

Central Organisation, ECHS
ECHS Bhawan,Thimayya Marg
Near Gopinath Circle
Delhi Cantt – 10

B/49793/TDS Policy/AG/ECHS

03 Nov 2021

All Regional Centers ECHS (For Dir)

DEDUCTION OF TDS , DEPOSTION TO INCOME TAX AUTHORITIES AND ISSUE OF FORM – 16 TO ECHS EMPANELLED HOSPITALS/ BPA

1. Refer O/o CGDA letter No. AT/IV/ECHS/UTI/Vol-VI/EF–1056 dated 03 Nov 2021 (Copy enclosed).

2. A case of non-filing of TDS return and issue of Form-16 to empanelled facilities by the concerned CDAs post implementation of SBI-CMP and revamping the Cash Assignment System was brought to the notice of this HQ. Accordingly the same was taken up with O/o CGDA for resolving the issue and instructing suitably to respective CDAs.

3. Central Organisation ECHS has made diligent deliberation with O/o CGDA through correspondences and in person meetings with the concerned higher authorities of CGDA office to bring out the decisive conclusion on the issue.

4. To implement the SBI-CMP in uniformity throughout all ECHS Regional Centers, O/o CGDA vide their letter under reference has agreed upon standardizing and undertaking the responsibility of deduction of TDS, deposition to Income Tax Authorities, Filing of requisite returns and issue of requisite Form-16, to empanelled hospitals and BPA by respective CDAs where the payment is being released through SBI-CMP. The content of O/o CGDA letter as referred above is self-explanatory and needs to be quoted and emphasized with respective CDAs, if any issue still exists or arises.

5. This is for your information and necessary action.

(AshokNigam)
Gp Capt
Dir(Proc & Fin) For
MD ECHS

Encl : As stated.

Copy to :-

UTI-ITSL (Kind Attn : Mr Koshy Thomas)- For info and requisite action

Office of the CGDA

Ulan Batar road, Palam, Delhi Cantt. 110010

Phone : 011-25674840, Email: cgdaechscell.dad@hub.nic.in

No: AT/IV/ECHS/UTI/Vol-VI/EF-1056 Date : 03/11/2021

ToPCsDA/Cs/DA

Subject: Deduction of TDS, Deposit to Income Tax Authorities and issue of form-16 to empanelled hospitals.

The Subject matter has been examined and reviewed in the light of various references and existing practice prevalent across our field offices.

2. To ensure the uniformity in the procedure, the Competent Authority has decided that all respective PCsDA/CsDA would take responsibility to file TDS, deposit to income tax authorities and issue of Form-16 to hospitals concerned.

3. Therefore, necessary action may accordingly be taken. This supersedes previous orders on this subject.

This has approval of Sr. Jt. CGDA(P&A)

(RichaGupta)

Dy. CGDA

1	CDA Chennai	For information & necessary action w.r.t their letter bearing No. M/2202/ECHS/TDS GEN dated 08/10/2021
2	Central Organisation, ECHS Adjutant General's Branch IHQ of MoD (Army) Maude Lines Delhi Cantt-110010	For information & necessary action w.r.t their letter bearing No. B/49793/AG/ECHS dated 22/10/2021
3	Saraswati Hospital Parassala, Thiruvananthapuram, Kerala, South India 695502	For information & necessary action w.r.t their letter dated 12/10/2021

(RichaGupta)

Dy. CGDA

Tele : 011-20892519
Telefax: 011-25682392
e-mail: dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
ECHS Bhawan, Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt - 110010

B/49797/ Cash Assn/AG/ECHS

09 Nov 2021

All Regional Centre (For Dir)

SOP FOR IMPLEMENTATION OF SBI CMP IN ECHS FOR INDIVIDUAL REIMBURSEMENT CLAIMS

1. Reference is made to this HQs letter of even reference dated 09 Sep 2021 and 28 Sep 2021 respectively.

2. This HQS has received a number of queries from several RCs seeking SOP/procedure for implementation of SBI-CMP for Individual reimbursement claims. A comprehensive flow chart is appended as Appendix 'A' which covers all aspects/ procedures for implementation of new payment system. RCs having specific issues other than in general can approach concerned agencies viz BPA, CDA or this HQs.

3. Further, to avoid rejection of SID/ claim of particular ESM, the following be adhered:

(a) All ECHS Polyclinics under your AoR be directed for due diligence while uploading the Bank Account details of the ESM to avoid rejection of claim.

(b) ECHS Polyclinics are to update Contact Numbers with alternate number of ESM to enable RC to get in touch with the ESM directly for any query at the later stage.

4. The above mentioned guidelines be followed in letter and spirit. In case of claim rejected by CDA due to any reason the following be adhered:

(a) If a claim in SID is rejected by CDA due to abnormality in the date of admission/ discharge, wrong IFSC Code or other reason, respective CDA will return the claim on BPA portal. Further, Regional Centre ECHS has to rectify the observation and will generate the fresh SID. In case the rectification needs, communication with the ESM also needs be hasten by telephonically.

(b) In case the claim is rejected by SBI-CMP due to wrong/ incorrect A/C No, the List of such cases will be forwarded to CDA who in turn will forward to RC through e-mail/ Hard Copies. RC will approach the respective PCs/Individual for obtaining the correct details and further will generate fresh SID.

Contd to Page 2/...

5. Further course of action at each level of processing the claim is appended as Appendix 'B' to this letter and some FAQs received from the environment is attached as Appendix "C' to this letter.

6. This has the approval of MD, ECHS.

7. For information and compliance.

(Arun Chaudhary)
Gp Capt
Offg Dir (Proc & Fin)
for MD ECHS

Encl: As Stated

Copy to :

O/o CGDA (Dy CGDA ECHS):- For information w.rit to your letter No. AT/IV/ ECHS/UTI/Vol-VII EF-445 dated 17 Aug 2021.

All PCsDA/CsDA : - For information.

Internal Copy:

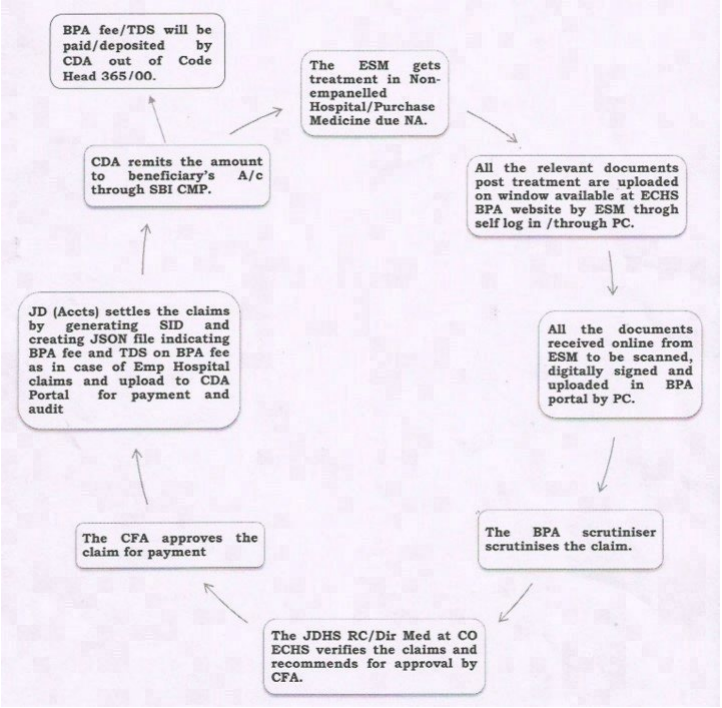
Dir (S&A) - For uploading the same at ECHS Website

Appendix A

(Refer to Para 2 of letter No., B/49797/Cash Assn/AG/ECHS Dated 09 Nov 2021

PROCEDURE FOR IMPLEMENTATION OF SBI CMP IN ECHS FOR INDIVIDUAL REIMBURSEMENT CLAIMS

FLOW CHART


BPA fee/TDS will be paid/deposited by CDA out of Code Head 365/00.
The ESM gets treatment in Non-empanelled Hospital/Purchase Medicine due NA.
All the relevant documents post treatment are uploaded on window available at ECHS BPA website by ESM throgh self log in /through PC.
All the documents received online from ESM to be scanned, digitally signed and uploaded in BPA portal by PC.
The BPA scrutiniser scrutinises the claim.
The JDHS RC/Dir Med at CO ECHS verifies the claims and recommends for approval by CFA.
The CFA approves the claim for payment
JD (Accts) settles the claims by generating SID and creating JSON file indicating BPA fee and TDS on BPA fee as in case of Emp Hospital claims and upload to CDA Portal for payment and audit
CDA remits the amount to beneficiary's A/c through SBI CMP.

Appendix B

(Refer to Para 5 of letter No.

B/49797/Cash Ass*a*/AG/ECHS

Dated 0 9 Nov 2021)

COURSE OF ACTION

1. Actions by Beneficiary/Veteran :

- Avail Treatment at Non Empanelled Hospitals in case of emergency. Emergency will be intimated to Parent Polyclinic and obtain Emergency Information Report. The treatment will be availed on payment basis.
- In case of Non availability of Medicines (NA Med Claims), the Veterans will purchase the same from open market and submit the claim at Parent ECHS Polyclinic.
- Reply/ rectify the claims as per observation/Need *M*ore Info (NMI) raised by Polyclinic/Bill Processing Agency/Regional Centre/Cent Org ECHS.
- All documents/reports/Cash Receipts along with Claim Performa to be obtained from ECHS Polyclinic as specified by Cent Org ECHS time to time and will be submitted online and offline for claiming the amount expended by self.

2. **Actions at ECHS Polyclinic:**

- Verify the admission of Veter*an*/dependents at Non Empanelled Hospitals and accord sanction for treatment as specified by Cent Org ECHS in case of Emergency.
- In case of non availability of prescribed medicines at Pharmacy Counter at Polyclinic the same will be signed by Pharmacist and further counter signed by Officer in charge *(*OIC) Polyclinic on prescriptions itself.
- Assist/ Upload the claim on BPA Portal of Veterans, who are incapable of doing on their own.
- Receive the all documents, check of correctness, scan, upload and digitally sign. Raise observations/NMI if required and obtain the requisite data form Veterans.

3. Actions by Bill Processing Agency (BPA) :

- The BPA Scrutiniser/Validator will scrutinise/Validate the claim online.
- Raise observation/ Need More Info (NMI) and revert to Polyclinic in such cases.
- Forward to Joint Dir (Hospital Services) at Regional Centre/ Dir (Med) at Cent Org ECHS as applicable, for further verification.

Contd to Page 2/...

- Post receiving the Payment confirmation details/UTR detail from CDA, generate the SMS intimating the ESM payment confirmation.

4. Actions at Regional Centre ECHS / Central Org ECHS:

- Joint Dir (Hospital Services) at Regional Centre/ Dir (Med) at Cent Org ECHS will verify the claims and recommend for approval of CFA.
- Raise observation/ Need More Information (NMI) if required.
- The claim will be transferred to Joint Dir (Accounts) Bucket online for payment process.
- Joint Dir (Accounts) at Regional Centre will generate Settlement ID (SID) on BPA Portal and upload the JSON file to CDA Portal making payment directly to beneficiaries account through SBI-CMP.
- Await for payment confirmation details/ UTR from CDA.

5. <u>Actions by PCsDA/CsDA :</u>

- CsDA will remit the amount directly to beneficiaries account through SBI-CMP
- Processing Fee will be paid directly to BPA and deduction of the TDS will be made on BPA processing Fee.
- Deposit the TDS amount, deducted on BPA Fee with income Tax authorities and file the return issue Form-16 to BPA as in case of Empanelled Hospital Payments being done.
- Upload the UTR details back to BPA portal.
- In case any claim is rejected in pre-payment scrutiny due to admission / discharge date, mismatch in credential of ESM, wrong IFS Code etc such Individual claims will be segregated form a SID and will be returned back to Regional Centre ECHS on BPA Portal for reconciliation/rectification.
- In Case any payment can not be made through SBI-CMP due to wrong Account details, intimation of such claims will be forwarded to RCs through official e-mail followed by physical copy.

<u>Note</u> : The workflow will be assessed and reviewed on implementation and will be amended/updated on receipt of suggestio*n*/issues from environment, if required.

Appendix "C"

(Refer to Para 5 of letter No. B/49797/Cash Assn/AG/ECHS

Dated 09 Nov 2021

FAQs REGARDING IMPLEMENTAION OF SBI-CMP FOR INDIVIUDUAL RE-IMBURSEMENT CLAIMS

1. Who will pay the processing fee of BPA ?

A. The same will be paid by CDA as in case of Empanelled Hospitals Bills.

2. Who will deposit the TDS and file return and issue Form-16?

A. CDA will deposit the amount of TDS deducted and issue Form-16 to BPA.

3. Will drawing of the Cash Assignment from CDA under Code Head 365/00 (MTRE) be stopped?

A. Post successful implementation PAN India, the same will be reviewed by this HQ and separate instructions will be issued in due course of time. Efforts be made to implement the same in liaison with respective CDA.

4. Already withdrawn Cash Assignment be surrendered to CDA or expended.

A. Existing withdrawn Cash Assignment will be expended by RCs and no need to surrender to avoid the administrative delay in booking of funds. No fresh requisition of Cash will be placed under Code Head 365/00.

Tele: 011-20892519
Fax: 011-25682392
e-mail: dirpfcechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
IHQ of MOD (Army),
ECHS Bhawan, Thimayya Marg
Near Gopinath Circle
Delhi Cantt -110010

30 Nov 2021

B/49797/Cash Assn/AG/ECHS

All Regional Centre ECHS (For Dir)

SOP FOR IMPLEMENTATION OF SBI CMP IN ECHS FOR INDIVIDUAL REIMBURSEMENT CLAIMS

1. Refer Central Organisation ECHS letter No. B/49797/Cash Assn/AG/ECHS dated 09 Nov 2021 vide which the SoP was circulated for implementation of SBI-CMP payment for Individual Reimbursement cases.

2. The above quoted letter is partially amended as following :

For

Para 4 (b) In case the claim is rejected by SBI-CMP due to wrong/incorrect A/C No, the list of such cases will be forwarded to CDA who in turn will forward to RC through e-mail/ Hard Copies. RC will approach the respective PCs/Individual for obtaining the correct details and further will generate fresh SID.

Read

Para 4 (b) In case the claim of any Individual is rejected at SBI-CMP due to wrong/ incorrect Bank A/C details, respective CDA will forward the list of such cases through e-mail/post to concerned Regional Centre ECHS. Regional Centre ECHS will obtain the fresh NEFT/RTGS Mandate from individual through Polyclinic or directly. Regional Centres ECHS will submit the same to CDA for re processing and payment at their end. Fresh / Re-generation of SID for payment of such SBI CMP rejected cases not to be initiated by Regional Centre ECHS.

3. This is for information and compliance in conjunction with this HQs letter quoted above at Para 1

(Arun Chaudhary)
Gp Capt
Offg Dir (Proc & Fin)
for MD ECHS

Copy to :

O/o CDA Secunderabad - For info w.r.t. your letter ECHS /Pre Audit/Vol IV dated 11 Nov 2021.

O/o CGDA, Delhi Cantt - For further info w.rt. our letter quoted at Para l(a) above.

(ECHS Cell)

All PCsDA/CsDA

Tele : 011-20892519
Telefax: 011-25682392
E-mail : dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MOD (Army)
ECHS Bhawan, Thimayya
Marg, Near Gopinath Circle,
Delhi Cantt - 110010

B/49796/Audit Policy/AG/ECHS

07 Dec 2021

RC ECHS, Pune

CLARIFICATION : ACCEPTANCE OF CLAIMS FROM LEGAL NOMINEES / HEIRS (NON ECHS MEMBERS) FOR RE IMBURSEMENT AND PAYMENT THEREOF IN CASE OF ESM & HIS WIFE, BOTH ECHS MEMBERS HAVE EXPIRED

1. Reference is made to your letter No 3021/Accts/ECHS dated 11 Sep 2021

2. The clarifications on the subject are as under :

   (a) Legal nominee / heir can sign on re-imbursement claim documents and process the same on production of the valid legal document of their nomination in case of ESM and his wife, both ECHS members have expired.

   (b) In such cases, ECHS payments on account of individual's re-imbursement claim can also be done to the legal nominee / heir (non ECHS member).

3. This is for your necessary action.

(Arun Chaudhary)
Gp Capt
Offg Dir (Proc & Fin)
for MD ECHS

Copy to :

SO ECHS, IHQ of MOD (Navy)

Air HQ (VB) (D Fin P) / PD DAV (SP)

HQ Southern Command (A/ECHS)

HQ Eastern Command (A/ECHS)

HQ Western Command (A/ECHS)

HQ Central Command (A/ECHS) HQ

Northern Command (A/ECHS)

HQ South Western Command (A/ECHS)

HQ Andaman & Nicobar Command (A/ECHS) (All RCs ECHS)

Tele : 011-20892519
Telefax : 011-25682392
E-mail : dirpfcechs-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
ECHS Bhawan, Thimmya Marg,
Near Gopinath Circle,
Delhi Cantt – 110010

B/49715/Advt Policy/AG/ECHS

14 Jul 2021

SO ECHS, IHQ of MoD (Navy)
Air HQ (VB) (D Fin P) / PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andeman & Nicobar Command (A/ECHS)

(All Regional Centress ECHS)

POLICY ON PLACING ADVERTISEMENTS IN THE NEWSPAPERS

1. Reference is made to this HQs letter of even reference dated 02 Jun 2021.

2. The following amendments may please be carried out at Para 4 in the ibid policy letter :-

FOR

Advertisement	Maximum Size of advt (WxH)
Emp of Contractual Staff	15 x 15 sq cm
Emp of ALC	15 x 15 sq cm
Emp of Hospitals / Nursing Homes / Dental Clinics / Diagnostics Centres	15 x 15 sq cm
ECHS Helpline	As reqd
Any other advt of ECHS, if reqd	As reqd

READ

Advertisement	Maximum Size of advt (WxH)
Emp of Contractual Staff	15 x 15 sq cm **OR** 225 sq cm
Emp of ALC	15 x 15 sq cm OR 225 sq cm
Emp of Hospitals / Nursing Homes / Dental Clinics / Diagnostics Centres	15 x 15 sq cm **OR** 225 sq cm
ECHS Helpline	As reqd
Any other advt of ECHS, if reqd	As reqd

3. Rest no change.

4. This issues with the approval of MD ECHS.

(Ashok Nigam)
Gp Capt
Dir (Proc & Fin)
for MD ECHS

ADVT POLICY

Tele : 011-20892519
Telefax : 011-25682392
Email : dirpfcechs-mod@nic.in

Gp Capt
Central Organisation ECHS
Adjutant General's Branch
IHQ of MoD (Army)
ECHS Bhawan, Thimayya Marg,
Near Gopinath Circle,
Delhi Cantt – 110010

B/49715/Advt Policy/AG/ECHS

25 Feb 2022

SO ECHS, IHQ of MoD (Navy)
Air HQ (VB) (D Fin P) / PD DAV (SP)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andeman & Nicobar Command (A/ECHS)

(All Regional Centress ECHS)

POLICY ON PLACING ADVERTISEMENTS IN THE NEWSPAPERS

1. Reference is made to this HQs letter Nos B/49715/Advt Policy/AG/ECHS dated 02 Jun 2021 as amended vide even No dated 14 Jul 2021.

2. The following amendments are to be carried out at ***Note under Para 4 (Page 3)*** of this office policy letter No B/49715/Advt Policy/AG/ECHS dated 02 Jun 2021 :-

For

Note :- (i) Preferably advertisement should be in **Font Size 8 for all text & 10 for subject heading (Times New Roman)**.
(ii) Advt is to be made in DAVP empanelled newspapers.
(ii) Advt is either to be placed through DAVP empanelled agency or to be placed directly with DAVP empanelled newspapers.

Read

Note :- (i) Preferably advertisement should be in **dark density.**
(ii) Advertisement is to be made in DAVP empanelled newspapers.

(iii) Advertisement is either to be placed through DAVP empanelled agency or to be placed directly with DAVP empanelled newspapers.

Contd to Page 2/…

(iv) Advertisement is to be placed in one English Newspaper (National / Regional Edition) in English/Hindi language and one Hindi Newspaper (Regional Edition) only in Hindi language.

(v) **Inserting of advertisement in Hindi Newspaper (Regional Edition) should be in Hindi language**.

(vi) ***In addition to English and Hindi language, advertisement may also be placed in any other regional / tribal language***, ***if reqd***.

(vii) **Translation of the proposed advertisement from English to Hindi or English / Hindi to any other Regional / Tribal language should be asked from Newspaper / Newspaper Agency**.

3. Rest no change.

(Arun Chaudhary)
Gp Capt
Offg Dir (Proc & Fin)
for MD ECHS

Tele: 011-25684846
ASCON: 36830
Fax: 011-25682392
e-mail: dirpfcechs-mod@nic.in

Central Organisation, ECHS
Adjutant General's Branch
ECHS Bhawan, Thimayya Marg
Near Gopinath Circle
Delhi Cantt – 110010

B/49791/Bud Gen/AG/ECHS

25 Mar 2022

IHQ of MoD (Navy) (SO ECHS)
Air Headquarters (VB) (For D Fin P)
HQ Southern Command (A)
HQ Eastern Command (A)
HQ Western Command (A)
HQ Central Command (A)
HQ Northern Command (A)
HQ South Western Command (A)
ECHS Branch EOI Kathmandu Nepal (For AMA)

FINANCIAL INSTRUCTONS FOR ALLOTMENT AND EXPENDITURE UNDER MAJOR HEAD 2076, 4076 MINOR HEAD 107 REVENUE & CAPITAL HEADS (ECHS FINANCIAL DOCUMENT)

References:-

(a) Delegation of Financial Powers for Ex-servicemen Contributory Health Scheme (ECHS) issued vide GoI MoD letter No. 24(3)/03/US(WE)/D(Res)(i) dated 08 Sep 2003.
(b) Financial procedure for Ex-Servicemen contributory Health Scheme (ECHS) issued vide GoI MoD letter No. 24(3)/03/US(WE)/D(Res)(ii) dated 09 Sep 2003.
(d) DPM-2009.
(e) DFPDS-2016.
(f) GFR-2017.
(g) Schedule – 24 of ASP of DFPDS 2021.
(h) DGFP letter No. A/89591/Outsourcing/FP-1 dated 01 Oct 2021.

Appendices:-

A	Receipt and Recoveries	
B	Sub Head -	A Pay & Allowances of Contractual Staff
C	Sub Head -	B Transportation.
D	Sub Head -	C Stores
E	Sub Head -	D Information Technology
F	Sub Head -	E Medical Treatment Related Expdr
G	Sub Head -	F Miscellaneous
H	Sub Head -	G Rev Works
J	Sub Head –	H Outsourcing of Services
K	Capital Head	
L	List of High-	Pressure Polyclinics
M	Frequently Asked question (FAQ)	

1. **BE Allocation**. Provisional BE are allocated to all Budget Holders by CO ECHS. Further, confirmation of Final BE allocation also intimated to all Budget Holders.

2. **Budget Estimates.** Allotment of **Budget Estimates (BE)** in Respect of Major Head 2076, Minor Head 107 (Revenue) and Major Head 4076, Minor Head 107 (Capital Head) are made according to the projections, past expenditure vis a vis availability of Funds.

3. **Norms for Allotment.** The norms for allotment of funds by Central Organisation for Polyclinics and RCs are as per the following details:-

(a) **Naval HQ, Air HQ and Army Command HQs.** Allotment of fund to Naval HQs, Air HQs and Army Command HQs are made for further sub-allocation to incur expenditure for the following categories:-
(i) Payment of Remuneration for Contractual Staff.
(ii) Purchase of Emergent & Life Saving Medicines through Authorised Local Chemist (ALC).
(iii) Payment of Travelling Allowances: ECHS Polyclinics Staff.
(iv) Payment of Travelling Allowances: ECHS Patients.
(v) Purchase of IT Equipment & Consumables.
(vi) Miscellaneous and Contingent Expenditure for day to day functioning of Polyclinics.

(b) **Regional Centres.** RCs are allotted funds for the following:-
(i) Clearance of Online Medical Claims/Bills.
(ii) Information Technology & up gradation of IT infrastructure.
(iii) Miscellaneous and Contingent Expenditure for day to day running of Regional Centres.

(c) **O/o DGAFMS.** O/o DGAFMS is allotted funds for the following:-
(i) Purchase of bulk medicine for ECHS Polyclinics through SEMO and SEDO.
(ii) Purchase of Domiciliary Medical Equipment.
(iii) Purchase of Medical Equipment.

(d) **O/o DGDE.** O/o DGDE is allotted funds for the following:-
(i) Payment of Rental to Hired Polyclinics Building.
(ii) Purchase of Land.

(e) **MGS Branch**. O/o MGS Branch is allotted fund for Purchase of vehicles, ambulance & equipment for ECHS.

4. Receipt & Recovery and Revenue Sub Head wise objects of expenditure is placed at **Appendix 'A' to 'J'** and Capital Head objects of expenditure is placed at **Appendix 'K'.**

5. **Financial Powers.** Refer GoI, MoD (Finance) letter No. 231(7)/2020/DFPDS/Budget-II **d**ated 07 Sep 2021 (**Schedule-24 of ASP of DFPDS 2021**).

For reimbursement of Med Treat & Purchase of ALC Medicines.

(i) MoD letter No. 25(01)/2017/US(WE)/D(Res-)-Part I dated 04 Aug 2014. (Manual Med Bills & for purchase of ALC Medicine).
(ii) MoD letter No. 25(02)/2012/(WE)/D (Res) dated 10 Sep 2013 (For Nepal manual Med Bills Para 3 (a)).
(iii) MoD letter No. 25(01)/2018/WE/D(Res) dated 09 Jul 2019 (For Nepal online Med Bills).

6. **Financial Powers for SEMOs/SEDOs.** Schedule 2 of MSP-2022 for funds allotted under code head 363/01.

7. **High Pressure Polyclinics**. Special consideration has been given to all identified high pressure Polyclinics **(Screened on the basis of Average DASR)** by allotting them additional funds. The list of high pressure Polyclinics is placed at **Appendix 'L'.**

8. **Sub-Allotment of Funds.** A number of lower formations / units have represented that their **allotments are received quite late from the Controlling Command HQ**. Such delay by Budget Holders defeats the very purpose of allotments being made at the commencement of the Financial Year. It will therefore be ensured that **all sub allotments are made expeditiously and acknowledge to this HQs within 03 days of allotment.**

9. **Caution for Sub Allotment.** Extreme care should be taken for sub allotment of funds under all Heads. Service HQrs/HQ Commands may consider actual requirement of funds by Polyclinics, depending upon the load. High Pressure Stations should be given preference and unnecessary expenditure should be curtailed. **Actual requirements calculated according to staff actually employed under salary Heads only to be allotted to Stn HQs concerned and remaining amount to be kept as reserve by Service HQs/HQ Commands.** Sub allotments for FOL, Mov of pers, Stores etc should be made considering the geographical location of Polyclinics as well as electricity supply position and available electricity backup. **Usage of the Ambulance should be closely monitored and be limited only within municipal limits and expenditure rationalized**. **To exercise control over the fund allotted, it is proposed that sufficient reserves should be held by Service HQs/HQ Commands and release funds gradually after close monitoring of expenditure instead of bulk allotment at initial stage and thereafter report to the process of re-appropriation.**

10. **Earmarking of Funds**. All Budget Holders will ensure, that within the overall BE allotment, committed liabilities take precedence over other categories of expenditure. Adequate budget provisions will have to be made for all items, where proposals for expenditure (if any), were cleared in anticipation of additional allotment.

11. **Pace of Expenditure in Additional Allotment of Funds**. ECHS is a growing scheme and the utilization of funds has seen quantum jump in each successive year. The ECHS budget initially sanctioned is not the final. Hence, it is pertinent to mention that MoD considers only the **CGDA compiled bookings** as expenditure figure and not the actual expenditure as reported by Service HQrs/HQ Commands/spending agencies. Therefore, additional funds for Current Financial Year can be sought from the MoD only when the desired booking by CsDA is achieved. It is imperative that **at least 80%** funds are booked by the CsDA for ECHS to seek additional funds from the MoD at the RE stage. Projection of funds be strictly followed Command and Control matrix to avoid infructuous correspondence.

12. Additional funds can be allotted only if the desired targets of expenditure are met by the spending agencies by the due dates. To ensure adequate and timely booking of expenditure, the following actions are required to be taken: -

(a) Cash Accounts and paid vouchers are to be submitted by Station HQ/Regional Centres to the concerned CDA by 7th of the following month. **Monthly Expenditure Return (MER) are to be submitted by Stn HQ to respective Service/Command HQs. MER by Regional Centres and Consolidated MER of units under the Service/ Command HQs to be submitted to Central Org ECHS by the 3rd working day of the following month**. Service HQs/Command HQs are requested to strictly deal with the Stations defaulting to comply with this requirement.

(b) Medical bills are to be expeditiously processed and paid to ensure that bills do not pile up at the close of the Financial Year. **'First in First out**' system of payment be implemented to maintain optimum age of outstanding bills.

(c) Service HQs & Command HQs need to closely monitor the expenditure by the Station HQ and withdraw funds from Stations wherever monthly expenditure and bookings do not progress proportionately as per the target of expenditure/booking.

(d) Funds not likely to be utilised can be surrendered in a consolidated form by Service HQs, HQ Commands, O/o DGAFMS, DGDE and Regional Centres even before the Revised Estimates stage so that they can be re-appropriated well in time.

(e) Monthly Expenditure Returns (MER) for the above allotted funds will be forwarded by the **Service HQs/Command HQs and the Regional Centres only** to this HQ by **3rd working day (R) 3RD Working day** of the following month by **Fax on No. (011-25682392) or by e-mail on (dirpfcechs-mod@nic.in)** followed by ink signed copies through normal post/SDS.

13. **Request for Additional Funds.** Request for additional funds may be forwarded by the DGAFMS, Service HQ, Command HQ, Regional Centres, DGDE after achieving an expenditure of 80% of the allotted budget except under Code Head 365/00 (MTRE). Request for additional funds should be projected with full justification. **No SOC is required for additional allocation of funds, only justification will serve the purpose. Service HQs/ Command HQs may re-appropriate funds within their AoR before projection for additional funds to Central Org.**

14. **Booking of Expenditure.** Excess bookings in certain Code Heads have come under audit scrutiny. It is a serious budgetary process and financial impropriety. To avoid such anomalies, reconcile records and liaise with the concerned CsDA for timely correction of any irregularity.

15. **Surrender of Unexpended Funds at the End of FY.** Surrender of unexpended funds at the end of FY is to be carried out through letter or MRO to concern CDA and the same is to be acknowledged by the concern budget holders.

16. **Budgetary Reports & Returns.** Periodic Budget Reports & Returns for CFY to be submitted to Central Organisation ECHS as mentioned below: -

Sl No.	Subject	Due Date
(a)	**Pre-Revised Estimate of CFY and Forecast Estimate of Ensuing FY**	**05 Jul Every Year**
(b)	**Revised Estimate of CFY and Budget Estimate for ensuing FY**	**05 Sep Every Year**
(c)	**Modified Appropriation**	**05 Feb Every Year**

Note:- Above timeline to be strictly adhered.

17. The last dates for surrender and additional demand of funds will be on or before **05 Feb No (R) No surrender of funds will be accepted after submission of MA**.

18. The important contents of this letter may please be circulated to all concerned within your AOR.

Sdxxx
(Arun Chaudhary)
Gp Capt
Offg Dir (Proc & Fin)

Copy to:

All Regional Centres ECHS

DGAFMS - with Appendix 'D' and 'K' only.

DGDE - with Appendix 'H' and 'K' only.

Internal
Copy To:-

Dir (Stats & Auto)- For uploading in ECHS website.

Appendix 'A'

RECEIPTS & RECOVERIES
MAJOR HEAD: 0076 MINOR HEAD 107

1. **ECHS Contribution Code Head 405/01:** ECHS contribution of ESM are deducted from the pensionary benefits at the time of retirement by PCDA/ACDA/JCDA concerned and deposited in this code head.

2. In case a pre 2003 retiree, who is still not a member and desires to join the scheme he can do so by paying the contribution at the prevailing rates as follows:-

SL No.	Category	One Time Contribution
(a)	Recruit to Havs & equivalent in Navy & AF	Rs. 30,000/-
(b)	Nb Sub/Sub Maj or equivalent in Navy& Air Force (Including Hony Nb Sub/MACP Nb Sub and Hony Lt/Capt)	Rs. 67,000/-
(c)	All officers	Rs. 1,20,000/-

3. The payment is to be made through MRO and the code head mentioned should be 405/01. There is a provision of e-MRO also and can be accessed through CGDA site at **www.cgda.nic.in** . The following should be selected in the drop down menu and other field is to be filled and online payment can be made.

(a) The e-MRO can be accessed in the CGDA page at Division Tab=> Accounts => SBI CMP & e-MRO=> Log in to e-MRO and the SBI Collect page will open.

(b) The following field is to be selected from dropdown as follows :-

(i) Name of Corporate/Unit = All India
(ii) Type of Corporate/Unit = Govt Department
(iii) Govt Dept Name = e-MRO
(iv) Select Controller Concern = Select PCDA/CDA of your zone
INDIVIDUAL
(v) Name of the sub office = sub office of your zone
(vi) Name of the Organisation= EX SERVICEMAN CONTRIBUTORY HEALTH SCHEME
(vii) Nature of Payment = ECHS CONTRIBUTION
(viii) Then fill all respective columns.

4. **Receipts from Auction of ECHS Stores/Eqpt Code Head 405/02**. All receipts from auction of stores and equipment procured out of ECHS funds to be deposited into code head through MRO/ e-MRO.

5. **Miscellaneous Receipts Code Head 405/03**. All other receipts are to be accounted for this code head. **Recoveries due to overpayments to hospitals are required to be accounted under this code head** whenever any deposit is made by the hospital. The deposits can be made through MRO and code head mentioned should be 405/03. In case of e-MRO the following should be selected in the drop down menu and other field is to be filled and online payment can be made as mentioned follows:-

(a) The e-MRO can be accessed in the CGDA page at Division Tab=> Accounts => SBI CMP & e-MRO=> Log in to e-MRO and the SBI Collect page will open.

(b) The following field is to be selected from dropdown as follows :-

(i) Name of Corporate/Unit = All India
(ii) Type of Corporate/Unit = Govt Department
(iii) Govt Dept Name = e-MRO
(iv) Select Controller Concern = Select PCDA/CDA of your zone
INDIVIDUAL
(v) Name of the sub office = sub office to which e-MRO relates
(vi) Name of the Organisation = EX SERVICEMAN CONTRIBUTORY HEALTH SCHEME
(vii) Nature of Payment = Miscellaneous
(viii) Then fill all respective columns.

Appendix 'B'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD – A

1. **Pay & Allowances of Employed/Contractual Staff.** Remuneration to the contractual staff employed at Polyclinic will be paid from this sub head as per the manpower held at Polyclinics and as per the remuneration approved by GoI. The contracted polyclinic staffs are sub-divided into following three categories:-

(a) Code Head 361/01: Salary/Remuneration to the Polyclinic Staff: Officers.
(b) Code Head 361/02: Salary/Remuneration to the Polyclinic Staff: Para-Medical Staff.
(c) Code Head 361/04: Salary/Remuneration to the Polyclinic Staff: Non-Medical Staff.

2. Remuneration to the Polyclinic staff will be paid on the last day of every month by the Officer-In-Charge (O IC) Polyclinic through **NEFT**. Remuneration for the month of Mar will be paid on or after first of April. Remuneration will be paid to the polyclinic staff on pay bill-cum-acquaintance roll raised in three copies by the O I/C Polyclinic. The polyclinic staff will sign a receipt as having received the remuneration. Remunerations bill-cum-Acquaintance Roll duly completed, will be signed by the officer in charge polyclinic. The details of object of Expenditure is placed at **Annexure 1-3**.

3. **Allocation.** The allocation of funds for the Remuneration of the staff will be made to the HQ Navy, Air HQ and Headquarters Commands by Central Organisation, ECHS. The Commands will thereafter sub allocate the funds to the respective Station Headquarters according to the actual employment of contractual staff.

4. **Financial Powers**. The Station Commanders will have powers for payments to polyclinic staff in accordance with procedures as approved by the Govt of India MoD letter No. 24(3)/03/US(WE)/D(Res)(ii) dated 09 Sep 2003.

Annexure 1
(Refer to Para 2 of Appx B)

OBJECT OF ALLOTMENT AND EXPENDITURE: PAY & ALLOWANCES OF EMPLOYED/CONTRACTED STAFF: OFFICERS

Code Head 361/01. The O IC Polyclinic, Medical Officer, Dental Officer, Medical Specialist, Gynecologist and Radiologist will be paid remuneration from this code head. The approved remuneration vide GoI MoD letter No.22(D)(19)/2017/WE/D(Res) dated 16 Aug 2017 & GoI MoD letter No. 22D(19)/2017/(WE)/D(Res-I) dated 06 Jun 2018 and 22D(19)/2017/WE(D(Res-I) dated 24 Jan 2019 is as follows:-

Ser No	Category	Remuneration (Rs. Per Month)
(a)	Medical Officer	75,000
(b)	Dental Officer	75,000
(c)	Medical Specialist	1,00,000
(d)	Gynaecologist	1,00,000
(e)	Radiologist	1,00,000
(f)	Officer-in-Charge Polyclinic	75,000

Annexure 2
(Refer to Para 2 of Appx B)

OBJECT OF ALLOTMENT AND EXPENDITURE: PAY &ALLOWANCES OF EMPLOYED/CONTRACTED STAFF: PARA-MED STAFF

Code Head 361/02. Radiographer, Lab Technician, Lab Assistant, Physiotherapist, Pharmacist, Nursing Assistant and Dental/Tech/Hygienist will be paid remuneration from this code head. The approved remuneration vide GoI MoD letter No. 22D(25)2017/(WE) /D(Res-I) dated 20 Nov 2017 (applicable wef 16 Aug 2017) is as follows:-

Ser No	Category	Remuneration (Rs. Per month)
(a)	Radiographer	28,100
(b)	Lab Tech	28,100
(c)	Lab Asst	28,100
(d)	Physiotherapist	28,100
(e)	Pharmacist	28,100
(f)	Nursing Asst (Gen)	28,100
(g)	Dental Hygienist/Dental Asst/Dental Tech	28,100

Annexure 3
(Refer to Para 2 of Appx B)

OBJECT OF ALLOTMENT AND EXPENDITURE: PAY &ALLOWANCES OF EMPLOYED/CONTRACTED STAFF: NON-MED STAFF

1. **Code Head 361/04.** Driver, Chowkidar, Female Attendant, Peon and Safaiwala will be paid remuneration from this code head. Clerks authorised for ECHS branch EoI Nepal also will be paid remuneration from this code head. The approved remuneration vide GoI MoD letter No. 22D(25)2017/(WE) /D(Res-I) dated 20 Nov 2017 (applicable wef 16 Aug 17) is as follows:-

Ser No	Category	Remuneration (Rs. Per month)
(a)	Clerks(ECHS Branch EoI Nepal)	22,500
(b)	Driver	19,700
(c)	Chowkidar	16,800
(d)	Female Attendant	16,800
(e)	Peon	16,800
(f)	Safaiwala	16,800

EPF. As per the present remuneration structure, **No** ECHS contractual staff falls within the EPF bracket. However, the staff who were drawing remuneration of Rs. 15000/- or below prior to 16 Aug 2017 and are continuing with the same terms and conditions of service (Contract) will continue to be within the ambit of EPF. Auth. B/49760/ECHS/WC/2017 dated 14 Dec 2017.

Appendix 'C'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-B

1. **Transportation.** Transportation of stores and transportation of personnel are dealt in this code head. The Transportation is sub-divided into following categories: -

(a) **Code Head 362/01 (Movement of Personnel**). When a polyclinic staff is detailed by Station Headquarters to visit any other Station for official work, Travelling Allowance will be admissible in accordance with entitlement of service person nel of equivalent pay scales in the Armed Forces. No Daily Allowance is admissible for contractual staff. TA claims to be submitted to Stn HQ by the staff. The TA bill will be cleared by the Stn HQ according to the prevailing TA rules for service personnel.

(b) **Allocation.** Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and EoI Nepal for further sub-allocation to Station Headquarters. Funds allotted @ Rs.10,000/- per PC per annum. However efforts should be made not to detail Polyclinic Contractual staff for activity not related to Polyclinic. **Polyclinic staff should be called for only absolutely essential conference by Stn HQ & Regional Centres.** Additional funds will be released as and when projection of funds is received subject to expenditure of 80% and availability of funds.

(c) **Code Head 362/02 (Movement of Store).** Funds are meant be utilised by Station Headquarters to collect the drugs and consumables from the SEMO/SEDO for use by Polyclinics. No funds are being allotted to SEMO and SEDO for the purpose. However, SEDO should co-ordinate with SEMO in order to facilitate Stn HQ for consolidated/single collection from SEMO & SEDO.

(d) **Allocation.** Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and EoI Nepal for further sub-allocation to Station Headquarters. @Rs. 20,000/- per PC per annum will be allotted to polyclinics not co-located with SEMO. Additional funds will be released as and when projection of funds is received subject expenditure of 80%.

(e) **Code Head 362/04 (Hiring of Transport including Ambulance).** This code has been incorporated in Major Head 2076, Minor Head 107 Sub Head B (Transportation) by MoD and circulated by CGDA vide CS NO. 08/2020 letter No. A/B/I/13626/XXXI/55 dated 23 Jan 2020.

(f) **Allocation.** The responsibility for hiring of civil transport is that of the station HQ. Bill will be cleared through contingent bills Allotment of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs. Funds will be allotted according to requirement projected with justification by St n HQ through their respective command/Service HQ. Fund for RCs & EoI Nepal will also be made as per projection received from the RC against firm demands with justification. No SOC is required to be forwarded for allocation of funds.

Financial Powers

GoI, MoD (Finance) letter No. 231(7)/2020/DFPDS/Budget-II **d**ated 07 Sep 2021 (**Schedule-24.1 of ASP of DFPDS 2021**).

Appendix 'D'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-C

1. **Stores.** This sub-head is further sub-divided into four categories viz. purchase of Medical Stores (code head. 363/01), Other Stores (code head 363/02), Furniture & Air Conditioners (code head 363/03) and Vehicle & Generators (code head 363/04).

2. Procurement of these stores are to be carried out as per laid down rules and procedures of FR Part-I, FR Part II, GFR 2017, DPM 2009 and **through GeM** only.

3. **GFR 2017.** Chapter 6 of GFR 2017 lays down procedure for procurement of Goods & Services. The Rule 149, according to rule procurement of Good and services by ministry or departments will be **mandatory** for goods and services available on **Government e-Market places** (**GeM)**. The Financial limit for different types of procurements are as follows:-

(a) **On-line Purchase through GeM (Rule 149).**

(i)	Upto Rs. 25,000/-	-	Any available supplier on GeM.
(ii)	Above Rs. 25,000/- upto Rs. 5,00,000/-	-	Seller having lowest price amongst available sellers of at least and three different manufactures on GeM.
(iii)	Above Rs. 5,00,000/-	-	Through online bidding or reverse auction.

(b) **For Purchase Outside GeM (Rule -154 and 155 of GFR 2017).**

(i)	Upto Rs. 25,000/-	-	Purchase can be made without inviting quotation.
(ii)	Above Rs. 25,000/- and upto Rs. 2,50,000/-	-	Local purchase committee consisting of three members after market survey to ascertain reasonableness of rates. A certificate as per rule 155 is to be rendered.
(iii)	Above Rs. 2,50,000/- and upto Rs.25,00,000/-	-	Limited Tender Enquiry & published in CPP portal.
(iv)	Above Rs. 25,00,000/-	-	Advertised Tender Enquiry and published in CPP Portal.

(c) **E-Publishing & E-Procurement.** It is mandatory for all ministry/Dept of the Central Govt, their sub-ordinate officers and autonomous bodies to publish/their tender enquires and details of bid award on CPP portal. However, procurement made through GeM and/or upto Rs. 2,50,000/- through LPC may not be published in CPP portal.

4. Code head wise objects of expenditure and relevant Financial Power are placed at **Annexure 4 to 7.**

Annexure-4

OBJECTS OF ALLOTMENT & EXPENDITURE: MEDICAL STORES

(1) **Code head 363/01(Medical Stores)**. Procurement of Medical Eqpt, Medicine, Drugs & consumables, Special Medicines, Repair & Maintenance of Medical Eqpt including AMC, Artificial limbs, Surgical and other implants, joint replacement implants, Special consumables and implants for cardiology, cardio thoracic surgery, renal dialysis and surgery and Domiciliary Medical Equipment is to be carried out from this code head. The purchase of medical store is sub divided into three categories i.e. Bulk purchase, local purchase and emergent purchase. The responsibility for the bulk procurement and local procurement of medical stores has been delegated to SEMO vide DGAFMS letter No. 19189/DGAFMS/DG-2C/ECHS dated 10 Oct 2016. Local purchase of emergent drugs & consumable through Authorised Local Chemist is to be carried out through Stn HQ of the polyclinic according to GoI letter No. 22D(01)/2016/WE/D(Res-I) dated 22 Aug 2017. All Stn HQs are required to enter into a MoA with the Authorised Local Chemist to purchase emergent medicine.

(2) **Allotment of Fund**. Allocation of fund for bulk purchase and local purchase of medicine will be made by Cent Org ECHS to O/o DGAFMS which will be sub-allocated to SEMOs & SEDOs. O/o DGAFMS should allocate funds to SEMOs based on daily average sick report and other criteria like geographic location, no of patient suffering from chronic diseases etc. Allotment for fund for purchase of drugs & Consumable through Authorised Local Chemist will be made to IHQ of MoD Navy, Air HQ (VB), Army Commands. , EOI Nepal for sub allocation to Stn HQ. 100% of the authorization will be allocated initially. However, the expenditure state will be reviewed in the month of Oct of CFY or by the end of IInd Qtr of CFY and the less expenditure/ low booking of funds by the concerned PCDA/ CDA will entail withdrawal of funds unilaterally by this HQ. The details of initial allocation is as follows:-

Command	Calculation for Allotment (Rs. in Lakhs)			
	A&B (@5.00 PM)	C (@3.00 PM)	D (@2.00PM)	Total Proposed
(1)	(2)	(3)	(4)	(5)
Navy	3	5	13	672.00
AF	1	4	19	660.00
SC	15	22	74	3468.00
EC	1	3	30	888.00
NC	0	1	7	204.00
WC	20	21	32	2724.00
CC	11	16	67	2844.00
SWC	10	6	29	1512.00
Nepal	3	0	0	180.00
(3)			TOTAL	13152.00

Financial Power. Powers delegated for procurements of drugs and medical stores, domiciliary equipment according to Schedule 2 of Medical Schedule of Powers 2022 is to be exercised by SEMOs & SEDOs. The financial power for purchase of emergent medicine and consumable are as follows according to GoI Dept of ESW MoD letter No. 25(01)/2014/US(WE)(Res)-Part-I dated 04 Aug 2014 (Refer to para 21 of Appendix to GoI MoD letter No. 24(10)/ 03/US(WE)/D(Res) dated 25 Nov 2003 as amended vide GoI MoD letter No.22D(01)/2016/WE(D(Res-I) dated 22 Aug 2017):-

Ser No.	Competent Authority	Financial Limits	Consultation with IFA/MoD Finance
(a)	Station Commander		
	(i) Lt Col/Col	Upto Rs. 1,00,000/-	No
	(ii) Brig	Upto Rs. 2,00,000/-	No
(b)	Sub Area Commander/ Chief of Staff Area HQ (Maj Gen)	Upto Rs. 3,00,000/-	No
(c)	Dy MD, ECHS	Upto Rs. 5,00,000/-	Yes
(d)	MD ECHS	Upto Rs.10,00,000/-	Yes
(e)	Joint Secretary (ESW)	Upto Rs.25,00,000/-	Yes
(f)	Secretary	AboveRs. 25,00,000/-	Yes

Annexure-5

OBJECTS OF ALLOTMENT & EXPENDITURE: OTHER STORES

1. **Code Head 363/02 (Other Stores)**. Purchase of FOL, Clothing items, Non-Medical Stores and Eqpt, Repair & Maintenance including AMC for equipment procured from ECHS code head is to be done from this code head.

2. **Allotment of Fund**. Allocation of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands, EOI Nepal & RCs. The guideline for initial allocation is as under:-

(a)	All Mil Polyclinics.		Rs. 30,000/- per annum
(b)	Non Mil Polyclinics.		
	(i)	Type A & B.	Rs. 60,000/- per annum
	(ii)	Type C &D.	Rs. 30,000/- per annum

3. **Financial Powers.**

GoI, MoD (Finance) letter No. 231(7)/2020/DFPDS/Budget-II **d**ated 07 Sep 2021 (**Schedule-24.2 of ASP of DFPDS 2021**).

Annexure -6

OBJECTS OF ALLOTMENT & EXPENDITURE: FUR & AC

1. **Code Head 363/03 (Furniture & Air Conditioners).** Procurement of Furniture for the polyclinics will be carried out through MES, as per the authorised scale vide GoI MoD No. 24 (5)/04/US(WE)/D(Res) dated 26 Aug 2004.

2. **Allotment of Fund**. Allotment of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs.
Funds will be allotted according to requirement projected with justification by Stn HQ through their respective command/Service HQ. Fund for RCs & EoI Nepal will also be made as per projection received from the RC against firm demands with justification. No SOC is required to be forwarded for allocation of funds.

3. **Financial Powers.** For procurement of Furniture and Air Conditioners for Polyclinics, powers of MES as defined in MES regulation will be utilized. Cent Org ECHS, RCs & EoI Nepal will utilise Financial Power vested as per Schedule 24.2 of ASP of DFPDS 2021 dated 07 Sep 2021.

Annexure-7

OBJECTS OF ALLOTMENT & EXPENDITURE: VEHICLE & GEN

1. **Code Head 363/04.** Procurement of Vehicle and Generator is made from this code head. The expenditure on repair and Maintenance of vehicle & generators including AMC is also to be catered from this code head.

2. **Allotment of Fund.** Allotment of fund will be made to MGO branch for procurement of Vehicles and Generators and allotment for repair and Maintenance of Vehicle & generators including will be made to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs. Funds calculated Rs. 15,000/-per annum per PC. However, due to paucity of funds, 50% of the calculated amount is allotted initially and for Regional Centres Rs. 30,000/- per RC will be allotted initially. Additional funds will be released as and when projection of funds is received subject to expenditure of 80% and availability of funds.

3. **Financial Power.** Powers of MGO will be used for procurement of Vehicles and Generators. Repair and Maintenance is to be carried out accordance to Dte Gen of EME (Ops & Plans) letter No. A/32697/ECHS/EME Ops-3 dated 11 Jan 2012 or subsequent instruction issued from time to time by Stn HQs. ECHS functionaries will exercise GoI, MoD (Finance) letter No. 231(7)/2020/DFPDS/Budget-II **d**ated 07 Sep 2021 (**Schedule-24.2 of ASP of DFPDS 2021**).

Appendix 'E'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-D

1. **Information Technology.** Purchase, Repair and maintenance of IT items for ECHS Organizations will be made from this code head. This sub-head is further sub-divided into 10 categories. Purchase of IT Hardware (Local Purchase) (364/01), IT Hardware (Central Purchase) (364/02), IT Software (Local Purchase) (364/03), IT Software (Central Purchase) (364/04), IT Maintenance (Local Purchase) (364/05), IT Maintenance (Central Purchase) (364/06), Computer Stationery and Consumable (Local Purchase) (364/07), Computer Stationery and Consumable (Central Purchase) (364/08), IT Training (Local Purchase)(364/09) and IT Training (Central Purchase) (364/10).

2. Procurement of these items are to be carried out as per laid down rules and procedures of FR Part-I, FR Part-II, GFR -2017 (as per the details mentioned in Appx 'C')and DPM 2009.

3. Code head wise objects of expenditure are as follows:-

(a) **Code Head 364/01(IT Hardware) Local Purchase.** Procurement of computer and connected stores will be made from this code head as per the requirement of the Polyclinics and Regional Centres.

(i) **Allotment of Fund.** Allocation fund will be made to IHQ of MoD Navy, Air HQ (VB), Army Commands, EOI Nepal and RCs as per requirement. The allotment will be made after consultation of the requirement by Dir Stats & Auto at Central Org ECHS.

(b) **Code Head 364/03 (IT Software) Local Purchase.** Procurement of software will be made from this code head as per the requirement of the Polyclinics and Regional Centres.

(i) **Allotment of Fund.** Allocation fund will be made to IHQ of MoD Navy, Air HQ (VB), Army Commands, EOI Nepal and RCs as per requirement. The allotment will be made after consultation of the requirement by Dir Stats & Auto at Central Org ECHS.

(c) **Code Head 364/05 (IT Maintenance) Local Purchase.** Maintenance of computers including AMC will be made from this code head.

(i) **Allotment of Fund.** Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and EoI Nepal for further sub-allocation to Station Headquarters. Funds allotted @Rs.30,000/- per High Pressure Polyclinic (Details as per Appx L) and Rs. 15,000/- for rest of the Polyclinics per annum will be allotted initially. Funds calculated @Rs.20,000/- per Regional Centre per annum will be allotted initially.

(d) **Code Head 364/07 (Computer Stationery) Local Purchase.** Procurement of Computer Stationery and consumable items will be made from this code head.

(i) **Allotment of Fund.** Fund will be allotted to Naval HQ, Air HQ (VB), all Army Commands and EoI Nepal for further sub-allocation to Station Headquarters. Funds allotted @Rs.50,000/- per A&B, Rs. 30,000/- per C&D and Rs. 5,000/- per E Polyclinics per annum will be allotted initially. An average rate of Rs.60,000/- per Regional Centres per annum will be allotted initially. Fund will be utilized only for those Type E Polyclinics which are operational.

Financial Powers (For Stn HQs)

Refer GoI letter No. 231(7)/2020/DFPDS/Budget-II **d**ated 07 Sep 2021 (**Schedule-24.3 of ASP of DFPDS 2021**).

Appendix 'F'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD-E

1. **Code Head 365/00 (Medical Treatment Related Expenditure).** Payment to empanelled hospitals, nursing homes, diagnostic centres and other empanelled facilities will be made from this code head. Medical advances, Re-imbursement to patient for emergent treatment, purchase of specific medical equipment for patient, medical comforts to ex-servicemen patients and travelling expenditure for patients and attendants also will be made from this code head.

2. **Allocation of Fund:** Allotment of fund under this code head will be made to Naval HQ, Air HQ (VB) and Command HQ for clearing the TA bills of the ECHS beneficiaries and fund will be made available to all Regional Centres to clear online medic al bills by BPA.

3. **Financial Powers**. The Financial Power mentioned in GoI MoD Do ESW letter No. 25(01)/2018/WE/D(Res-I) dated 09 Jul 2019 will be used for clearing online medical bills by ALL RCs and Central Org ECHS and 25(01)/2018/WE/D(Res-I) dated 09 Jul 2019 (For Nepal) will be used for clearance of Online Medical Bills. Para 3 (a) of GoI MoD letter No.25(02)/2012/(WE)/D(Res) dt 10 Sep 2013(For Nepal) will be used for Manual Med Bills of Nepal Domiciled Gorkha (NDG) ESM pensioner. **No funds are allotted to Stn HQ for clearance of manual bill wef 01 Apr 2018.**

Appendix 'G'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD F

1. **Code Head 366/00 (Miscellaneous).** Purchase of stationery and consumables, local printing of stationery, purchase of service labels (stamps), official postage, telegrams/telex, speed post and registration charges., installation and payment of telephone bills/fax and internet, cost of law suits/medico-legal cases, Penalty charges imposed by IT Department/ EPF commissioner cost of photographs and identity cards to polyclinic employees, annual contingency grants, purchase of library books, purchase of hot weather/cold weather appliances including establishment charges, washing charges of polyclinics linen, bedding and patient c lothing, funeral expenses in respect of death while in polyclinic (limited to linen used, preservation of body and mortuary charges), Gardening and area upkeep, other expenses for establishment not covered under any head, insurance charges of vehicle drivers of polyclinic, purchase of office equipment and maintenance of office equipment including AMC, insurance charges of ambulance, vehicle registration and other local charges, MACT claims, department conferences and connected expenditure, publicity including expenditure on web site, installation/de-installation of equipment excluding transportation and Annual Training Grant are incurred from this code head. Procurement and repair of furniture and air conditioner should not be made from this code head. The fund should be utilized very judiciously. Its expenditure will be briefed during visit of Central Org ECHS reps.

2 **Allotment of Fund.** The allotment will be made as per following details:-

(a) **Naval, Air HQ (VB) and Command HQs.** An average allotment of Rs. 3,00,000/- per annum for type A & B, Rs. 2,00,000/- per annum for type C&D and Rs. 25,000/- per annum type E Polyclinics will be made. An additional allotment of Rs. 1,00,000/- per annum for High Pressure Polyclinics, will be made (those included in Appendix L). However, due to paucity of funds, 80% of above calculated funds are allotted initially.

(b) **Regional Centres & EoI Nepal.** An average allotment of Rs. 6,00,000/- per annum for Regional Centres will be allocated.

Financial Powers (For Stn HQs)

Refer GoI letter No. 231(7)/2020/DFPDS/Budget-II **d**ated 07 Sep 2021 (**Schedule-24.5 of ASP of DFPDS 2021**).

Appendix 'H'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD –G

1 **Code Head 367/00 (Revenue Works**). Expenditure including minor works, special works, special repairs, emergency repairs, hiring of building, property tax, water and electricity charges and maintenance of building are to be made from this code heads.

(a) **Allotment of Fund** . The allotment details are as follows:-

(i) **Air HQ (VB), Naval, Army Comd HQs and EoI Nepal.** An average allotment of Rs. 1,00,000/- per annum for hired/constructed Non-Mil Polyclinic building will be made for paying the water & electricity charges. Additional fund will be allotted as per the projection made by the Air HQ (VB), Naval, Army HQs and EoI Nepal.

(ii) **O/o DGDE.** Fund Will be allotted for hiring of building to O/o DGDE as per the projection made by O/o DGDE.

(b) **Financial Powers .** The financial power mentioned in GoI letter No. 24 (3)/103/US(WE)/D (Res)(i) dated 08 Sep 2003 as well as MES regulation DWP 2020 will be used for this code head by Stn HQs.

Appendix 'J'

OBJECT OF ALLOTMENT AND EXPENDITURE: SUB HEAD –H

1 **Code Head 368/00 (Outsourcing of Services**). This new Sub Head H and Code Head 368/00 has been incorporated by MoD and circulated by CGDA vide CS NO 06/2020 and letter No. A/B/I/13626/XXXI/23 dated 07 Jan 2020. The expenditure under this Code Head includes repair of all types of Stores and vehicles, consultancy services, security services, catering services, Conservancy, housekeeping and laundry services, Cafeterias, Messed and kitchen, victuals and catering, cargo handling, office/secretarial assistance and other services.

(a) **Allotment of Fund**. Allotment of fund will be made by Cent Org ECHS to IHQ of MoD Navy, Air HQ (VB), Army Commands and EOI Nepal & RCs. Funds will be allotted according to requirement projected with justification by Stn HQ through their respective command/Service HQ. Fund for RCs & EoI Nepal will also be made as per projection received from the RC against firm demands with justification. No SOC is required to be forwarded for allocation of funds. **Outsourcing of a service for which authorization have been made in the PE/WE but for deficiency in the held strength of that particulars trade.**

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(b) **Financial Powers**

GoI, MoD (Finance) letter No. 231(7)/2020/DFPDS/Budget-II **d**ated 07 Sep 2021 (**Schedule-24.6 of ASP of DFPDS 2021**).

Appendix 'K'

OBJECT OF ALLOTMENT AND EXPENDITURE: CAPITAL HEADS

1. **907/38 (Purchase of Land).** The responsibility of Purchase of Land and acceptance of gifted land for construction of non mil polyclinics is that of DGDE. Fund will be allotted to O/o DGDE as per the projection made by O/o DGDE.

2. **907/39 (Construction of Building).** Fund under this code head will be allotted for construction of building of polyclinics works classified as capital works as per classification of works of DWP-2020 made for purpose of budget. Allotment under code head 907/39 (Construction of Building) will be made to all spending agencies i.e. Naval HQ, Air HQ (VB), and Army Command HQs on receipt of copy of Adm approval along with PDC, financial year wise breakdown of fund requirement and progress of the work.

3. **907/40 (Purchase of Med Eqpt & Vehicle).** Procurement of medical equipment and equipment costing 10 lakhs or more each and which have a life span of more than 7 years will be done under this code head. Allotment under this code head will b e made as per the demand from O/o DGAFMS and MGS Branch for purchase of Med Eqpt and vehicle respectively.

Appendix 'L'

LIST OF HIGH PRESSURE POLYCLINICS

SL No	Polyclinics	Type	Services/Comd
1	Kanpur	C	AF
2	Ghaziabad (Hindon)	D	AF
3	Bangalore (Urban)	A	AF
4	Lucknow	C	CC
5	Meerut	B	CC
6	Rurkee	D	CC
7	Dehradun	A	CC
8	Agra	C	CC
9	Allahabad	D	CC
10	Khadki	D	SC
11	Trivandrum	A	SC
12	Pune	B	SC
13	Jodhpur	B	SC
14	Jaipur	B	SWC
15	Delhi Cantt (BHDC)	A	WC
16	Noida	A	WC
17	Mohali	C	WC
18	Ropar	B	WC
19	Yol	A	WC
20	Amritsar	A	WC
21	Chandigarh	B	WC
22	New Delhi (Lodhi Road)	A	WC
23	Jalandhar	A	WC
24	Gurdaspur	A	WC
25	Jammu	A	WC
26	Gurgaon	A	WC
27	Ludhiana	A	WC
28	Gurgaon (Sohana Rd)	B	WC
29	Chandimandir	C	WC
30	Ambala	C	WC

Appendix 'M'

FREQUENTLY ASKED QUESTION (FAQ)

Q.1. Who can approach CO ECHS directly for additional funds projection?

Ans:- **Commands HQs and Regional Centres only** can approach directly CO ECHS for additional funds. Stn HQs and PCs will approach respective Commands only.

Q.2. Can budget holders re-appropriate funds between Code Heads?

Ans:- No budget holders can re-appropriate the funds between Code Head even CO ECHS can not re-appropriate the funds without approval of DGFP.

Q.3. Who will be responsible for hiring of building?

Ans:- O/o DGDE will be responsible for hiring of building and correspondence regarding payment of rent of ECHS building is to be processed by DGDE.

Q.4. What is the minimum amount for projection and surrender of funds?

Ans:- The minimum amount for projection and surrender of funds to be round off to Rs. 1000. Any projection and surrender of funds to be calculated accordingly.

Q.5. How many Cash Assignment Account can be operated by a Stn HQ (ECHS Cell) having two or more ECHS Polyclinics?

Ans Only a single Cash Assignment Account can be operated by Stn HQ (ECHS Cell) for all ECHS Polyclinics irrespective of any strength fall under their AoR.

Q.6. Can Command HQ make the allotment of ECHS Funds under various Code Head directly to ECHS Polyclinics?

Ans. No, Comd HQ makes the sub allocation of ECHS Funds under various Code Head to Stn HQ (ECHS Cell) where necessary cash assignment will be placed at the disposal of respective Station Commander to their nominated bankers by PCsDA/CsDA to make payment of all the expenditure as specified including running expenditure of ECHS Polyclinics.
+
Q.7. Who is the authority to give the ECHS funds to ECHS Polyclinic in their Public Fund Account and how much?

Ans. Cash Assignment Account Holder at Stn HQ (ECHS Cell) with the approval of CFA, under whose jurisdiction the Polyclinic falls, may place certain specified amount to the Polyclinic to meet urgent contingent expenditure which can be recouped from their cash assignment holder with reference to the paid vouchers.

Q.8. What is the purpose behind use of a Public Fund Account at ECHS Polyclinic?

Ans. ECHS Public Fund Account is maintained at ECHS Polyclinic for running petty expenditure as specified in the Financial Procedures.

Q.9. Can Fixed Medical Allowance be granted to ECHS beneficiaries if his district covered by ECHS Polyclinic / Armed Forces Clinic / MI Room upgraded to accommodate ESMs.

Ans. No. FMA will only be applicable to those ECHS beneficiaries whose districts are not covered by ECHS Polyclinic / Armed Forces Clinic / MI Room upgraded to accommodate ESMs, if they opt.

Q.10. Can an ECHS beneficiary, who are drawing FMA, take OPD facility through empanelled facility or ECHS Polyclinic / Armed Forces Clinic / MI Room upgraded to accommodate ESMs?

Ans. No.

Q.11. Can an ECHS beneficiary, who are drawing FMA, take IPD treatment through empanelled facility / service hospitals in case of emergency or on required basis for major diseases for which IPD treatment is necessary?

Ans. Yes.

Section - V
C & L POLICY SECTION

CENTRAL ORGANISATION ECHS

COMPLAINT AND LITIGATION SEC

Tele : 011-25690327
Email: dircomplaints_mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
DelhiCantt-10

B/49717 -C/AG/ECHS

31 Aug 15

All Regional Centres

ADVISORY: B/49717-C/AG/ECHS/2-2015 - FRAUDULENT MEMBERSHIP

1. The ECHS rules are very explicit, unambiguous and exhaustive as far as eligibility of members is concerned. It may be pertinent to note that the rules in force take the benchmark of the CGHS rules and eligibility conditions. However, with the rapidly expanding membership base, anomalies may arise due to oversight or wilful fraud by manipulative members.

2. In a recent case, an ex serviceman got his father-in law and mother-in-law treated in the scheme in place of his own parents. The anomaly came to light when one of the affected party i.e. the mother reported the matter when she fell ill and could not avail treatment The modus operandi in this case was as under :-

   (a) Cards were initially in the names of the parents. However, after the death of his father, the indl got the photographs changed.

   (b) Though the cards had the same name, the photographs were replaced illegally, ostensibly, for new cards due to old cards(allegedly) lost The indl thereafter got treatment to the tune of approx Rs 1.65 lac for his father-in-law.

3. In another case, an ex serviceman got his "married" 23 yrs old son treated under the scheme. The son was treated four times in empaneled hasps as the ex serviceman had not got his son's membership rescinded upon his marriage.

The son unfortunately died and the matter came to light when his widow reported the matter after falling out with her in- laws after her husband's death.

4 The following points merit attn at the Polyclinic/Stn HQ/ Regional Centre :-

(a) Correct documentation procedures are a necessity and all cards be made after thorough scrutiny of documents.

(b) Names of dependents be ascertained from discharge book and entered only if so confirmed. Deletion of dependent names is an ongoing process with the onus on the ex serviceman to declare change of status wrt dependent eligibility criteria e.g. marriage, income etc. The role of the parent polyclinic and local Stn HQ in this regard is crucial.

(c) In case of parents, wife, sons and daughters as mentioned in discharge book, the photographic records be corroborated by matching with Aadhar cards or any other govt identification like electoral roll, PAN card etc.

(d) Stn HQs/ Regional Centres/ Central Org should scrutinize docus carefully especially for renewed card(s) applications.

(e) Once fraudulence is detected, recovery procedure must be initiated as early as possible in case bills have been cleared. Court of inquiry / inv at Stn level needs to be done to ascertain such fraud.

(f) Ex Serviceman involved must then be issued a SCN with 15-30 days to reply.

(g) Membership may be suspended/terminated as per SOP and as per dirns of the competent auth. Stn Cdrs can suspend an indl's membership for up to six months. In case, termination orders are passed, the case must be processed for approval of the AG.

(h) In case of difficulty in recovery of treatment amount, filing of FIR and legal recourse by concerned Stn HQ is advocated.

(R Malhotra)
Col
Dir (C & L)
for MDECHS

CENTRAL ORGANISATION ECHS
COMPLAINT AND LITIGATION SEC

Tele : 011-25690327
Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-l0

B/49717-C/ AG/ECHS

04 Sep 2015

All Regional Centres

ADVISORY: B/49717-C/AG/ECHS/3-2015
CIVIL PROCEEDINGS - DEFENCE OF CIVILSUITS

1. Of late, a No of civil suits have been filed against Central Org ECHS in civil courts/ AFTs. The procedure as enumerated will be followed for initiation of legal action for civil suits as far as Central Org ECHS is concerned.

Initiation of Legal action in Courts

2. Section 80 of the Civil Procedure Code provides that no suit shall be instituted against the Central Government or against a public officer in respect of any act purporting to be done by such a public officer in his official capacity, until the expiration of a period of two months after a notice in writing has been delivered to or left at the office of Secretary to the Central Government of the Public Officer, stating the cause of action, the name, description and place of residence of the plaintiff and the relief which he claims, and the plaint shall contain a statement that such notice has been so delivered or left.

3. This requirement of notice does not apply to proceedings instituted under Articles 32, 226 and 227 of the Constitution. In their case, action would have to be taken on receipt of the notice, from the Court.

4. Under administrative arrangements, when a notice of this kind relating to any matter concerning ECHS the Army is received by the Ministry of Defence, it will be immediately forwarded to the Dte /Branch concerned at Service HQs. The Dte/Branch concerned will send the original to the Area or equivalent Headquarters concerned eA' Branch), their representative at Command and Area Headquarters and retain a copy for their record. In case a legal notice is received direct at the Dte/Branch concerned at service Headquarters, action will be taken by them to send the original to the Area or equivalent Headquarters CA 'Branch) with a copy of thereof to Central Org ECHS and their representative at Command and Area Headquarters. Headquarters Command will take action as indicated in para 7 when notice of suit is received by them direct from the plaintiff

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5. If a suit is filed against the Union of India either without first giving a notice as required by section 80 CPC or on a notice which is defective, Ministry of Law or one of its Branch Secretariats may be consulted regarding defence of the suit.

Action to be taken by the Local Representative of the Arms/Service in an Area Headquarters on receipt of Notice of Suit

6. On receipt of a notice of suit the local representative of the Arms/Service in an Area or equivalent Headquarters will give its immediate and careful attention and will submit a report to his Dte/Branch at Service Headquarters with a copy to Central Org ECHS and representative of the Arms/Service at Command Headquarters and a copy to Area Headquarters eA' Branch) for orders as to whether the suit, if filed, should be defended. Every effort will be made to submit. the report in time to reach the concerned Dte /Branch a month before the statutory period of notice expires.

7. The report will include a full and detailed statement of the fwg :-

(a) The circumstances that led to the suit.
(b) The course it is proposed to adopt, namely whether to admit, compromise or defend the suit and the reasons for the same.

(c) Parawise comments on the legal notice.

(d) If it is proposed to defend the suit, the grounds on which it is proposed to base the defence and the evidence to be adduced.

(e) A detailed statement of case with copies of the relevant papers leading to the issue of order/decision which is the subject matter of dispute in the legal notice, so as to obviate the necessity of a back reference to the Area or equivalent Headquarters.

(f) If the suit turns on documentary evidence, the originals (or true copies) of the documents relied on by the notice given (if procurable) and the defence.

(g) Legal advise, in the case should invariably be obtained.

8. Duecare must be taken to open a separate file for each suit that is being defended at the Stn level.

(R Malhotra)
Col
Dir (C&L)
For MD ECHS

CENTRAL ORGANISATION ECHS

COMPLAINT AND LITIGATION SEC

Tele: 011-25690327

Email : dircomplaint-mod@nic.in.

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt- 10

B/49717-C/ AG/ECHS

21 Sep 15

(All Regional Centres)

AVISORY: B/49717-C/AG/ECHS/4-2015 - EXECUTIONOFCOURT DECREES WHERE DECRETAL AMOUNT HAVE TO BE PAID

1. ECHS has got a pan India presence with a very vast membership base. Of l; late, the No of litigations are also increasing and ECHS functionaries have to deal with a plethora of court cases and civil suits. Sometimes, the courts grant monetary , compensation to the appellants along with penal interest clause. It is imperative that such orders are executed promptly and with due diligence.

2. In a recent case, a widow went to court after her husband's treatment claim was rejected and not initiated at any level. The ex serviceman, a retd SM had been treated at three hosps, with one being a service hosp. The widow was made to pa at the two private hosps, both of which were in fact empanelled, as her husband's "state was critical due to a cardiac emergency and she had no other recourse. The husband expired during the treatment. Grieved thus, the widow filed a civil suit. The courts ruled in her favour and directed the org to refund the amount along with penal interest and the org could recover the amount from the defaulting hosps. if deemed appropriate. However, the fwg was obs in the execution of the decree:-

   (a) One hosp refunded the claim. The same was processed as per ECHS rates without adding the interest factor by the concerned Stn HQ.

(b) Claim wrt to the other hosp is elusive as the polyclinic has no records. The Stn HQ (different from ser (a) has been reluctant to proceed against the hosp concerned due to info void.

(c) The claims are of manual billing mode. The safe custody and documentation of such claims was negligent, leading to non compliance of the decree.

(d) Chain of comd has not been responsive as far as execution of the decree is concerned.

3. Order 21 of the Code of Civil Procedure deals with the execution of the 'I decrees passed by the Courts. Ultimately, after the judgment attains finality or where there is no stay in the execution by any Appellate or Revisional Court, it is The Court of original jurisdiction which performs this act of implementation of the execution. It is only the execution, which reveals and signifies the importance of the [decrees to be passed and the pedestal of the Court and sanctity of the judgment. As such, the decrees are required to be executed with alacrity, so that the Decree " Holder having a document containing declaration of his rights may not feel cheated ',lor helpless or go for further redressal through the courts.

4. The fwg pts merit attn at the Polyclinic/Stn HQ/ Regional Centre :-

(a) Modes of paying money under decree are as under :-

(i) By deposit into the Court whose duty it is to execute the decree, or to that Court by postal money order or through a bank; or

(ii) Out of Court, to the decree holder by postal money order or through a bank or by any other mode wherein payment is evidence in writing; or

(iii) Otherwise, as the Court which made the decree, directs.

(b) The judgment debtor shall give notice thereof to the decree holder either through the Court or directly to him by registered post.

(c) Where any money payable under a decree of any kind is paid out of Court, [or decree of any kind is otherwise adjusted] in whole or in part to the satisfaction of the decree holder, the decree holder shall certify such payment

or adjustment to the Court whose duty it is to execute the decree, and the Court shall record the same accordingly.

(d) The judgment debtor [or any person who has become surety for the judgment debtor]also may inform the Court of such payment or adjustment, and apply to the Court to issue a notice to the decree holder to show cause, on a day to be fixed by the Court, why such payment or adjustment should not be recorded as certified; and if, after service of such notice, the decree holder fails to show cause why the payment or adjustment should not be recorded as certified, the Court shall record the same accordingly.

(e) A payment or adjustment, which has not been certified or recorded as aforesaid, shall not be recognised by any Court executing the decree.

5. The unit which had been nominated for defence of the suit by the Stn HQ will be responsible for execution of the decree wrt decretal amount in case of ECHS. It is I the resp of the concerned Stn HQ to monitor such cases till closure. Invariably, receipts of money deposited/ given as execution should be fwd to higher HQs. Regional centres must also maintain up to date records of such cases.

6. Theadvisory be disseminated to all dealing Stn HQs under AOR of Regional Centres.

(R Malhotra)
Col
Dir (C & L)
forMDECHS

CENTRAL ORGANISATION ECHS COMPLAINT AND LITIGATIONSEC

Tele 011-25690327
Tele Fax: 011-25684946
Email dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
DelhiCantt-10

B/49717-C/AG/ECHS

09 Oct 2015

IHQ of MoD (Navy)/PDECHS (N)
Air HQ (DAV), SMCBuilding, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

ADVISORY: B/49717-C/AG/ECHS/5-2015 - APPLICABILITY OF CONSUMER PROTECTION ACT 1986 wrt ECHS

1. ECHS in a short span of time has got a pan India presence with a very vast membership base. Of late, the litigations are increasing manifold and ECHS functionaries have to deal with a large No of .court cases and civil suits including the Consumer Courts. The Consumer Protection Act 1986 is an act to provide for better protection of the interests of consumers by providing simple, speedy and inexpensive redressal for consumers' grievances / disputes and for matters connected therewith. Recently, medical services have also come under the ambit of this amended act.

2. The act provides for a separate three tier quasi judicial consumer dispute redressal machinery at the National, State and District level. For the purposes of this Act, the following agencies, have been constituted :-

(a) Consumer Disputes Redressal Forum to be known as the **"District Forum"** established by the State Government in each district of the State by notification.

(b) Consumer Disputes Redressal Commission to be known as the **"State Commission"** established by the State Government in the State by notification.

(c) **National Consumer Disputes Redressal Commission** established by the Central Government by notification.

3. The District /State/National Forum have the same powers as are vested in a civil court under Code of Civil Procedure and may award monetary compensation. However, they do not assume powers of a writ court. The powers that accrue to the Consumer courts are as under :-

(a) The summoning and enforcing the attendance of any defendant or witness and examining the witness on oath;

(b) The discovery and production of any document or other material object producible as evidence;

(c) The reception of evidence on affidavits;

(d) The requisitioning of the report of the concerned analysis or test from the appropriate laboratory or from any other relevant source;

(e) Issuing of any commission for the examination of any witness,

(f) Any other matter which may be prescribed.

4. The Act is applicable to the whole of the country except the state of Jammu and Kashmir which has enacted its own statue for consumer protection, namely the Jammu and Kashmir Consumer Protection Act 1987.

5. After due consultation with the JAG, AG's branch, the fwg clarifications are provided for all establishments dealing with ECHS :-

(a) ECHS members including dependants qualify as consumers as per Sec 2(1) (d) of the amended act.

(b) Since the Scheme is not a 'free of charge' scheme, ECHS also qualifies as a service provider under the amended act.

(c) All personnel in ECHS establishments, whether serving or contractual, are covered under the provisions of applicability of the amended act.

Action to be taken When the Defence of the Suit has been Approved.

6. When the defence of the suit in a consumer court case is sanctioned by the competent authority, the document relating to it will be returned to the officer detailed for

assisting the Government Pleader in the defence of the suit. The officer handling the case will then arrange with the local Government Pleader to prepare the defence and will give him such assistance as may be required. The defence thus prepared will be submitted for the approval of above quoted competent authority and will then be signed and verified by the competent authority and presented in the Court through the Government Pleader. Copies of any additional statement filed by the plaintiff and the issues framed will be obtained from the Government Pleader by the Arm/Service representative who in turn will
forward copies of the same without delay to the Area Headquarters (A/ECHS branch)or equivalent and the Dte/branch concerned at Service Headquarters along with copy to Central Org, ECHS for information.

7. As regards cases involvinq policy or intricate questions of law, the Service/Command Headquarters concerned will submit a brief to Central Org, ECHS who will take the advice of the JAG/ Advice Branch of Ministry of Law if necessary, before forwarding it to the Government pleader.

8. When a case is referred to Central Org, ECHS for getting the draft counter-affidavit vetted by Legal Adviser (Defence), the following information/papers must be invariably placed on the file :-

(a) Copy of the plaint filed against the Union of India.

(b) Parawisecomments on the plaint.

(c) A detailed statement of case.

(d) Draft counter affidavit prepared by the Government Counsel/unit detailed.

(e) Relevant papers leading to the issue of the departmental order which is the subject matter of the dispute in the court of law, and

(f) Any documents referred to in the plaint and in the Draft counter affidavit.

9. It is the duty of the officer detailed by the concerned Stn Headquarters to ensure that the Government pleader is thoroughly acquainted with the facts of the case and with the evidence to be adduced. Efforts be made to ensure that no case goes by default due to non-contest at the local station level.

10. Periodical progress reports on all cases filed against or on behalf of the Government will be submitted to the Central Org, ECHS and intermediate formation Headquarters as per policy in vogue vide this HQ 'letter No B/49714-CC/AG/ECHS dt 14 Sep 15.

Important Points for Continual Attention

11. The following important points relate to the conduct of the suits :-

(a) The averments in a written statement should generally be based in every material point on the evidence which can be adduced in support of them.

(b) The evidence, whether oral or documentary on which it is intended to reply, should be carefully scrutinized by the Government Pleader before it is adduced,

(c) All the evidence should be assiduously collected and made ready for the day fixed for hearing. The necessity of making applications for adjournments should be avoided; such applications on behalf of the opposite, party will, unless they are made for sufficient reasons, be resisted as they tend to prolong the litigation.

(d) All documentary evidence should be ready and should be produced at the first hearing of the suit.

(e) Documents filed by the opposite party should be carefully examined at the earliest opportunity and compared with originals in Government records, or with other papers which may tend to establish or subvert their authenticity. Legal notices in such cases need to be studied carefully and replied judiciously and within time limits.

(f) Any information of documents required for the defence of the case with respect to policy may be obtained direct from the concerned section at Central Org, ECHS.

12. As soon as the court has given its decision on the case, the officer detailed to assist the Government Pleader in the defence of the suit will communicate the findings of the court to Area or equivalent Headquarters who in turn will communicate the same to the Dte/Branch concerned at Command Headquarters. The concerned Station Headquarters will also send a copy of the Court's judgement and decree to the Regional Centre who will monitor such cases and keep a record thereof.

Appeals

13. Should a judgement be adverse to the Government, the officer detailed for the defence of the suit will without causing delay, obtain the views of the counsel conducting the case, who should be requested to give reasons for his views, and whether it is a fit case for appeal. The case be defended as in other cases as in vogue keeping Central Org, ECHS informed, within the stipulated time. If an appeal is lodged by the opposite party against a decision, either entirely or partly in favour of Government, the officer detailed for the defence of the suit, in consultation with the Government Pleader, will immediately obtain an uncertified copy of the Memorandum of Appeal and submit to the concerned/parent Headquarters (A/ECHS branch) Area or equivalent Headquarters and Regional Centre.

Expeditious Action in Consumer Court Cases.

14. Prompt action will be taken at all levels in dealing with consumer court cases, so that these are not decided against the Government through default. Ex-parte decrees are likely to be awarded by the consumer forums against the Union of India I ECHS if pleas of limitation are not taken by the Station Headquarters. A serious view should be taken of such cases, as judgments, are routinely passed in a shorter time span vis-a-vis civil suits.

(R Malhotra)
Col
Dir (C & L)
For MDECHS

Copy to :-

US (WE), MoD Deptt of ESW	-	For info pl.
Judge Advocate General 'A' Wing, Sena Bhawan IHQ of MoD (Army) New Delhi-110011	-	for info pi wrt note 2 of noting sheet No Room No 400, B/49714-CC/AGI ECHS dt 23 Sep 2015.
———————	-	1. For necessary action.
----------	-	2. The contents may pf be disseminated To all Station HQs under ECHS jurisdiction of your Regional Centre.
(All Regional Centres ECHS)		
Ops & Coord Sec		
P & FC Sec	-	for info pl
Stats& Auto Sec		
Med Sec		

CENTRAL ORGANISATION ECHS COMPLAINT AND LITIGATIONSEC

Tele : 011-25690327
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Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-10

B/49717-C/AG/ECHS

09 Nov 15

(All Regional Centres)

ADVISORY: B/49717-C/AG/ECHS/6-2015
-HANDLING OF RTI CASES wrt ECHS

1. ECHS in a short span of time has got a pan India presence with a very vast membership base. Of late, the No of RTI applications are also increasing and ECHS functionaries will have to deal with such cases on a regular basis. The Right to Information Act 2005 is an act to provide for setting out the practical regime for citizens to secure access to information and to promote transparency and accountability in the working of every public authority. The provisions of the act are applicable to the Services, being in the domain of public authorities. RTI org in the Services have been functioning effectively under the nominated Public Information Officer (PIOs) / Appellate Authority (AA) at the designated levels in the chain of comd. Therefore, it is incumbent that functionaries of ECHS are well conversant with the methodology of handling of RTI cases.

RTI wrt ECHS

2. ECHS is a tri service organisation which is being administered by MD, ECHS under AG's Branch at IHQ of Mod (Army). Hence for matters pertaining to Central Org, ECHS and IHQ of Mod (Army), the designated RTI Cell at IHQ of Mod (Army) under ADG MT(AE) / DGMT / DCOAS(IS & T) is the nodal agency wrt ECHS for implementation of RTI Act 2005, as amended from time to time

3. The salient aspects of the charter of RTI Cell are given below:-

(a) Implementation of RTI related policies as revised from time to time.

(b) Adopt/clarify suggestions/queries related to RTI org for the subordinate fmn and est.

4. **Nodal Offrs at Central Org ECHS.** Nodal Offrs have been designated to coord replies/provide info on behalf of respective AA/CPIO/PIO. At the level of IHQ of MoD (Army), Central Org ECHS, following nodal offrs have been appointed :-

(a) Nodal Offr - Director, Complaints & Litigation.

(b) Astt Nodal Offr - Jt Director, Complaints & Litigation.

5. Similarly, for matters pertaining to respective Service HQs, the RTI is handled by respective designated authorities :-

(a) Indian Air Force - CAPIO/CPIO/AA Dte of PS, Air HQ (VB) Rafi Marg, New Delhi-06

(b) Indian Navy - CPIO/AA
JD PS(Disc & Vig)/CPS
Room No 238, C Wing
IHQ of MoD(Navy)
Sena Bhavan, New Delhi -11

List of CPIO/PIO/AA

6. In the Services, RTI replies follow the laid down channel with designated offrs at almost all levels. However, citizens can choose to address any level. In practise, Service HQs or apex bodies do receive a No of RTI applications. Information is processed as per the query and where it is likely to be replied from. The competent auth has approved the org to deal with RTI cases at IHQ of MoD (Army) and subordinate fmns and ests. The same is listed below (Auth :- Dte Gen of Staff Duties (SD-8) letter No N30201/1/SD-8 dt 12 Apr 2013):-

Ser No	Fmn	Org	Remarks
(a)	RTI Cell at IHQ of MoD (Army)	(a) Appellate Auth. Pro Marshal (PM). (b) CPIO (DDG RTI). DDG AE to be perform the duties of DDG RTI, in addn to his own duties. (c) PIO (Dir RTI). One Col from AEC.	Nodal Offrs at Cent Org, ECHS
(b)	HQ Comds less HQ ARTRAC	(a) Appellate Auth. COS/Brig Adm (b) PIO. Brig/Col(Edn).	
(c)	HQ ARTRAC	(a) Appellate Auth. Brig Adm. (b) PIO. Col A.	
(d)	Corps HQ	(a) Appellate Auth. Brig A/Brig Adm. (b) PIO. Col (Edn)/SO-1 (Edn).	

(e)	Div HQ	(a) Appellate Auth. Dy GOC. (b) PIO. SO1/SO2 (Edn).	
(f)	Bde HQ	(a) Appellate Auth. Dy Cdr. (b) PIO. Edn Offr.	
(g)	**Area HQ**	(a) Appellate Auth. Dy GOC/Brig Adm (b) PIO. Col GS/Edn offr.	Wherever Dy GOC Adm. /Brig Adm not posted/auth, the Stn Cdr will be appellate Auth.
(h)	**Sub Area HQ**	(a) Appellate Auth. Stn Cdr. (b) PIO. Col GS/Edn offr.	Regional Centres to HQ assist
(j)	**Stn HQ**	(a) Appellate Auth. Stn Cdr. (b) PIO. Adm Comdt.	Respective Polyclinic matters
(k)	Regtl Centres	(a) Appellate Auth. Dy Comdt. (b) PIO. Col GS/SO-1 (Edn l Trg)	

7. For polyclinics/ RCs under Service HQs other than IHQ of MoO(Army), the concerned chain of command from Stn HQ upwards are also designated to have offrs dealing with RTI including ECHS matters.

Handling of RTI Cases

8. RTI applications are time sensitive and PIO/AA have been given quasi-judicial powers as per the Right to Information Act 2005. Therefore, appts as designated, will only dispose off such cases. Public authorities have designated some of their officers as Public Information Officers(PIO) as has been elaborated above. They are responsible to give information to a person who seeks information under the RTI Act. The same is applicable wrt ECHS and functionaries of ECHS must not deal directly

in providing information to the applicants.

9. However, where replies have to be furnished with information related to ECHS, concerned ECHS functionary must provide all information as is possible to the designated PIO/AA. The designated offr will then compile the information and furnish the RTI reply accordingly. Postal orders / cost/fees furnished with the application as per RTI act is to be accounted for by the concerned designated officers and not by ECHS functionaries.

10. Handling of RTI at Cent Org. ECHS. The application for RTI may be received at Cent Org through various agencies. It is imperative that action to furnish the requisite information is supplied to the designated authority as under:-

Ser	Source of Application	Action At Cent Org	Reply to be Furnished to	Remarks
(a)	Citizen	Peruse and prepreply	ADG MT(AE) RTI Cell	Caseregistered at RTI Cell incl fees/cost remittance
(b)	Dept of ESW	Peruse and prepreply	ADG MT(AE) RTI Cell	Info Dept of ESW
(c)	RTI Cell	Peruse and prep draft reply	ADG MT(AE) RTI Cell	

11. Handling of RTI at Regional Centres ECHS. The application for RTI may be received at Regional Centres through various agencies e.g directly by the citizen, through Cent Org or RTI Cell at Service HQs or by Stn HQs. It is imperative that action to furnish the requisite information is supplied to the designated authority as under:-

Ser	Source of Application	Action At RC	Reply to be Furnished to	Remarks
(a)	Citizen	Peruse and prep reply	Concerned Stn HQ PIO or (ii) Sub Area/ Area HQ PIO	Case to be registered at concerned PIO incl fees/cost remittance
(b)	RTI Cell	Peruse and prep draft reply	-do-	Info to RTI Cell and Cent Org ECHS
(c)	Cent Org	Peruse and prep draft reply	-do-	Infoto Cent Org ECHS
(d)	Sub Area Area /Stn HQs	Peruse and prep draft reply	-do-	

12. **Handling of RTI at ECHS Polyclinics.** The application for RTI may be received at ECHS Polyclinics through various agencies e.g directly by the citizen, or through Stn HQs. It is imperative that action to furnish the requisite information is supplied to the designated authority as under:-

Ser	Source of Application	Action At PC	Reply to be Furnished to	Remarks
(a)	Citizen	Peruse and prep draft reply	Concerned Stn HQ PIO	Case to be registered at concerned PIO incl fees/cost remittance
(b)	Stn HQ RTI Cell	Peruse and prep draft reply	-do-	

Important Points for Continual Attention

13. The following important points relate to the furnishing of replies to RTI applications :-

(a) Information that is to be provided is information is any material in any form. It includes records, documents, memos, e-mails, opinions, advices, press releases, circulars, orders, logbooks, contracts; reports, papers, samples, models, data material held in any electronic form. It also includes information relating to any private body which can be accessed by the public authority under any law for the time being in force.

(b) There is no prescribed format of application for seeking information. The application can be made on plain paper. The applicant should mention the address at which the information is required to be sent. The information seeker is not required to give reasons for seeking information.

(c) The Act provides that if an application is made to a public authority requesting for an information, which is held by another public authority; or the subject matter of which is more closely connected with the functions of another public authority, the public authority, to which such application is made, shall transfer the application or relevant part of it to that other public authority within five days from the receipt of the application.

(d) Attention is drawn to Sec 5(4) of RTI Act 2005 under which the designated CPIO/PIO/Nodal Officer may seek assistance of any other officer as he or she considers it necessary for the proper discharge of his or her duties. Sec 5(5) of the RTI Act 2005 under which any officer, whose assistance has been sought under see 5 (4), shall render all assistance to the CPIO/PIO/Nodal Officer, seeking his or her assistance.

(e) Sub-section (1) of section 8 and section 9 of the Act enumerate the types of information which is exempt from disclosure. Sub-section (2) of section 8, however, provides that information exempted under sub-section (1) or exempted under the Official Secrets Act, 1923 can be disclosed if public interest in disclosure overweighs the harm to the protected interests.

(f) Matters relating to policy can be easily provided as most of them have also been uploaded on the ECHS website.

13. Appeals

If applicant is not supplied information within the prescribed time, or is not satisfied with the information furnished to him, he may prefer an appeal to the first appellate authority (AA) who is an officer senior in rank to the PIO. Such an appeal is to be field within a period or thirty days from the date on which the limit 30 days of supply of information is expired or from the date on which the information or decision of the PIO is received. The appellate authority of the public authority shall dispose of the appeal within a period of thirty days or in exceptional cases within 45 days of the receipt of the appeal. If the first appellant authority fails to pass an order on the appeal within the prescribed period or if the appellate is not satisfied with the order of the first AA, he may prefer a second appeal with the Information Commission within ninety days from the date on which the decision should have been made by the first appellate authority or was actually received by the appellant. ECHS functionaries shall provide information as is held with them to the when so asked by the appellate authority.

14. Role of PIOs.

The Public Officer (PIO) may seek the assistance of any Other officer as he or she considers necessary for the proper discharge of his or her duties. The officer, whose assistance is so sought by the PIO, would render all assistance to him. Such an officer shall be deemed to be a PIO and would be liable for contravention of any provisions of the Act, transfer the RTI applications received by them to other officers and direct them to send information to the applicants as deemed PIOs. Thus, they use the above referred provision to designate other officers an PIO. According to the Act, it is the responsibility of the officer who is designated as the PIO to provide information to the applicant or reject the application for any reasons specified in Sections 8 and 9 the act. The Act enables the PIO to seek assistance of any other to enable him to provide information to the information seeker, but it does NOT give him authority to designate any other officer as PIO and direct him to send reply to the applicant. This provision may be kept in mind by all ECHS functionaries.

15. Conclusion.

The basic object of the Right to Information Act is to empower the citizen, to promote transparency and accountability in the working of the Government, to contain corruption, and to enhance people's participation in democratic process thereby making our democracy work for the people in a real sense. It goes without saying that an information citizen is better equipped to keep necessary vigil on the instruments of governance and make the government more accountable to the governed. Correct implementation of the Act is a step towards making the citizens informed about the activities of ECHS besides ushering in greater transparency and accountability.

(RMalhotra)
Col
Dir (C & L)
ForMDECHS

COMPLAINT AND LITIGATION SEC

Tele : 011-25690327

Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD
(Army) Maude Lines
Delhi Cantt-10

B/49717-C/AG/ECHS

03 Mar 16

AirHQ (Subroto Park)/DAV
IHQ of MoD (Navy)1 PO ECHS (Navy)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (ECHS)

ADVISORY:'B/49717-C/AG/ECHS/1-2016 - JURISDICTION OF CAT

WITHRESPECT TO ECHS CONTRACTUAL EMPLOYEES EMP IN

POLYCLINICS/REGIONAL CENTRES OR CENTRAL ORG ECHS

1. ECHS came into effect for. management of health services of armed forces veterans in 2003 and the scheme has progressed rapidly with it now having a membership of approx 48 lac pers and a pan India reach. The scheme is based on a system of polyclinics and regional centres working with service and .empanelled hasps to provide healthcare to its members.

2. The procedure for employing staff on contractual employment has been laid down vide Govt of India, MoD letter No24(6)03/US(WE)/D(Res) dt 22 Sep 2003.

3. The persons so employed on contractual employment are employed as per a MOA signed between the competent auth and the contractual employee.

4. There are a No of court cases ongoing in various courts as a result of perceived grievances by some contractual employees wrt their, tenures. These cases, are in' LD/Dist Courts, High Courts, AFTs etc "However, **some recent judgments have also, come from Central Administrative Tribunal (CAT}-and its benches wrt contractual employment in ECHS on the premise that .contractual ECHS employees fall within the gambit of Civil Services (Temporary Service) Rules.**

5. The Central Administrative Tribunal has been established for adjudication of disputes with respect to recruitment and conditions of service of persons appointed to public services and posts In connection with the affairs of the Union or other local authorities within the territory of India or under the control of Government of India and for matters connected therewith or incidental thereto. This was done in pursuance of the amendment of Constitution of India by Article 323A. In the, statement of objects and reasons on the introduction of the Administrative Tribunals Act, 1985, it was' mentioned that the setting up of.such Administrative Tribunals exclusively would go a long way in reducing the burden on the various courts and reduce pendency and would also provide to the persons covered by the Administrative Tribunals a speedy and relatively cheap and effective remedy. 1n addition to Central Government employees, the Government of India has notified 45 other organizations to bring them within the jurisdiction of the Central Administrative Tribunal. The matter had been referred to the Judge Advocates branch and the opinion of ·'the branch is that the provisions of the Administrative Tribunals Act, 1985 do not, apply to members of Paramilitary Forces. Armed Forces of the Union.

6. While defending such.cases all Stn HQs be -advised-to -file-objections wrt 'applicability of CCS rules inter alia to Govt servants engaged on contract under Rule 1(4) (c). Moreover, it must be pointed out that the MOA clearly spells out that the agreement for providing services for contractual fees "does not amount to employment with ECHS or the Services or the Govt nor does it confer any right on the engaged person nor any representation or obligation on ECHS or the Services or the Govt as to possibility or performance in employment or any further engagement in ECHS or elsewhere at any time in future. The CAT does not have jurisdiction to deal with such cases.

7. It is thus imperative that **when such cases are adjudicated by CAT benches, appeals are filed in the High Court to challenge the decisions of the CAT.**

8. Info be disseminated to Fmns/ HOs/Legal Cells dealing with ECHS court cases please.

(R Malhotra)
Col
Dir (C& L)
for MDECHS

Copy to:-

Deptt of Ex-Servicemen Welfare Min of Def	-	For your info please.
Judge Advocate General No Room No 400 'A' Wing, Sena Bhawan IHQ of MoD (Army) New Delhi - 110011	-	For info wrt note 2 of noting sheet B/49714-CC/AG/ECHS dt 19 Feb 16.
----------	1.	For necessary action.
(All Regional Centres)	2.	The contents may pl be Disseminated to all Station HQs under ECHS jurisdiction of your Regional Centre.

Tele : 011-25690327
Telefax: 011-25684946
Email : dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-10

B/49717-C/AG/ECHS

13 Oct 2016

(All Regional Centres ECHS)

ADVISORY: B/49717-CIAG/ECHS/4-2016 CPGRAMS – CENTRAL PUBLIC GRIEVANCE REDRESS AND MONITORING SYSTEM Gen

1. The objective of CPGRAMS is to facilitate speedy redressal through effective and efficient monitoring of grievances by various Ministries/ Departments/ Government Org, incl the nodal agencies.

Features of CPGRAMS

2. CPGRAMS is an online web-enabled application that facilitates/provide the following:

(a) Onlinelodging and status-tracking of grievances by citizens.

(b) Lodging of grievances received locally by post including the facility to electronically store the complaint as a scanned document.

(c) Online forwarding of grievances to sub-ordinate offices.

(d) Electronic (online) dispatch of Action Taken Reports (ATR's) by various ministries/ departments.

(e) Query on the status of any of the registered grievances.

(f) Forwarding of Reminders/ Clarifications for the grievances lodged earlier.

3. An integrated application, enabling the Public Grievance Officers (PGO's) to register the grievances received by post/ hand and also to monitor the grievances received from the nodal agency/ higher authority on line.

4. Facilitates an automatic system generated unique registration number upon on line submission of a grievance by a citizen, which can be used for future reference.

5. All stakeholders can access through a PC using a internet connection and an internet browser. It facilitates attachment of any electronic grievance details/ related documents, which can be seen at all levels wherever the grievance is forwarded to.

6 SMS SMS/ E-mail alerts to citizens and PGO's are enabled at various stages.

Handling Instructions

7. All Regional Centres ECHS were added as subordinate office of Central Org ECHS on CPGRAMS in Jul 14 and user ID / Password were forwarded.

8. Online redressal of grievances through CPGRAMS is monitored at the highest level and the process is officer oriented, its operation and handling cannot be left to the dealing clerk.

9. Reviewing of pending grievances on weekly basis is mandatory by all nodal officers ie Director, Regional Centres. On 60 day, the grievance is flagged red and move for review meeting to PMO office. Review meetings are held on every fourth Wednesday of the month under the chairmanship of Hon'ble Prime Minister as PRAGATI (Pro Active Governance And Timely Implementation) meetings.

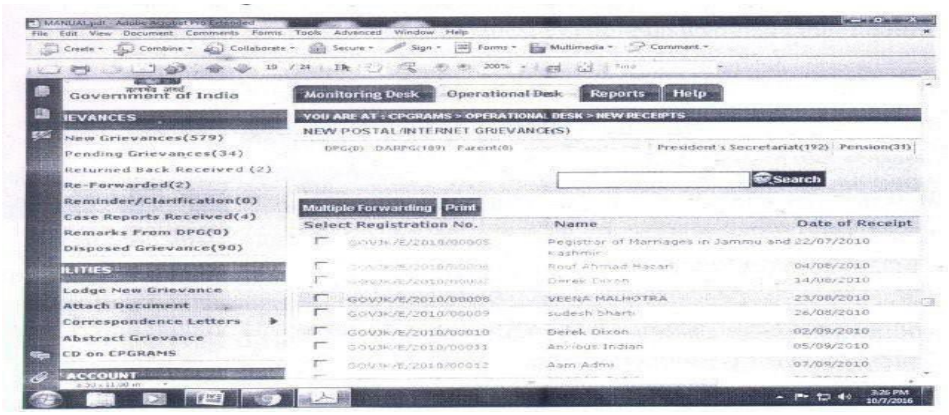
10. Updation of contact details of Regional Centres is required, specially the Mobile Numbers in the **pg portal** and confirmation by e-mail at e-mail ID: d.sumita@nic.in under intimation to this office.

11. Regional Centres are required to attach the letter /reply written to the petitioner in PDF file on the portal, on answering of CPGRAMS complaint. Letter to the petitioner is mandatory to resolve grievances and the same is only acceptable by DARPG / Central Org ECHS.

12. **Assessing New Grievances.** Processing of new grievances is as under:

(a) Go to operational desk. Bring the cursor on New Grievances option

(b) Select the grievances source by clicking on number of grievances shown against it. "List of New Cases for Assessment" will be presented. A box containing the list of new grievances would be shown by the system. Same is shown below:



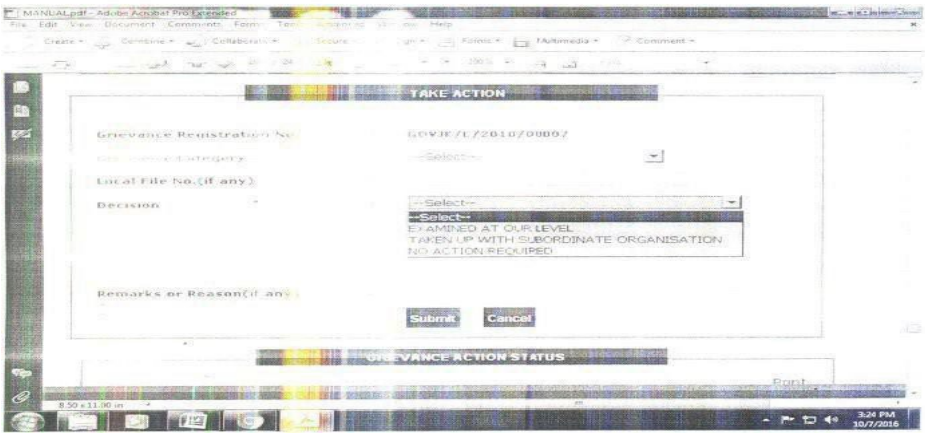
(c) Select a grievance by clicking on it & then click the Submit button. "Assessment of grievances" form would get open.

13. In order to assess a new grievance read the grievance content (subject content) carefully and decide the action out of the following available options:

(a) Examine at our level.

(b) Not pertaining to this Organisation.

(c) Taken up with subordinate Organisation.(Screen shown below for the same is shown for ref)



14. Grievance category needs to be selected only if the grievance has been assessed for the first time. Following would further explain the actions required and results obtained while assessing the grievances:

(a) Option selected is 'Examine at our level.

(b) Message be typed in the box 'to be replied shortly and press submit button.

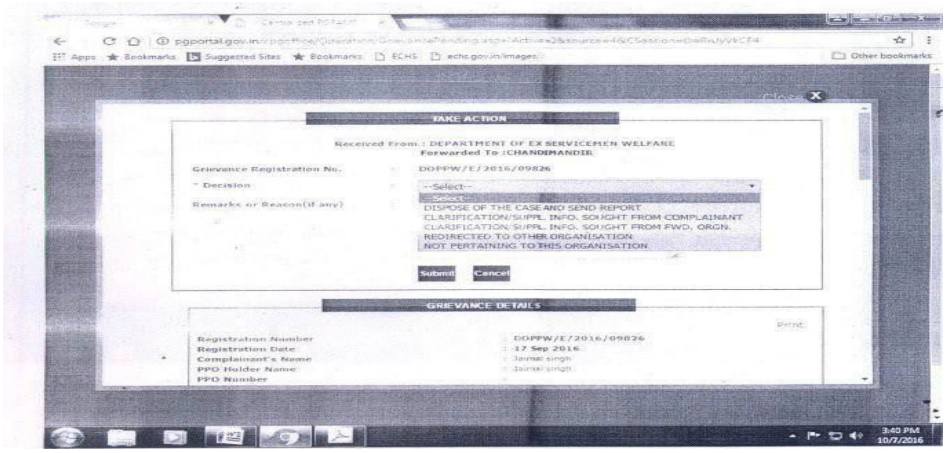
(c) The grievance will be shifted to pending basket.

(d) If option selected is 'Return back to higher authority', press submit button. Application asks for reason/remarks in a text box. Type your remarks in the box & submit. Grievance disposed locally & report send. A case report has been sent to parent/nodal office.

Disposal of Grievances

15. Working with Pending Grievances. As soon as a new grievance has been assessed as examined at our level, it would be transferred to pending grievances. It can be processed under following steps:

(a) Case can be disposed off by selecting appropriate type of redressal from the list of available options in the decision heading. Screen shot for the same is highlighted:



(b) Updateaction form gets opened.

(c) Type text of final reply letter & press submit. Case will be disposed. Final letter can be printed using correspondence letters option. Send report along with attaching the document/letter. It is mandatory that reply forwarded to the veteran/ dependents be attached / uploaded on the portal in PDF file also.

16. Attachment of PDF Docu/Letter. PDF docu/ file/ letter can be attached in following steps:

(a) Copy the docu/ letter in PDF format on desktop or any drive.

(b) Take Action' page would be displayed for attaching a letter. Screen shot is displayed as under:

(c) Use 'Attach Docu' head to attach. Click on 'choose file' box, file can be chosen from desktop or any drive/ CD, where docu should be already avl/ loaded in PDF format.

(d) Subsequent to file choosing, click on Attach box.

(e) On confirmation of attachment shown on the page, click on the submit button to send the report along with attached file/ letter/ docu.

17. **Important Instructions.** Some important instructions must be followed are as under:

(a). A grievance should be redressed within a period of one month of its receipt. If finalization of a decision on a particular grievance is anticipated to take longer than two months, an interim reply should invariably be sent.

(b) The grievance prone area should be identified and measures should be taken to avoid their recurrence.

(c) The cases should be closed under intimation to the petitioner with reasoned reply within the stipulated time limit.

(d) If a grievance involves policy decision/statutory change/court related matter, it could be closed under intimation to the petitioner with the comments that it could be revisited, in case any fresh development in the matter merits the same.

(e) The physical copy of the grievance should be scanned and uploaded on pgportal for taking appropriate action.

18. **Conclusion**. The basic principle of grievance redressal system is that if the promised level of service delivery is not achieved or if a right of a citizen is not honou red then the citizen should be able to take recourse to a mechanism to have the grievance redressed. This mechanism should be well publicized, easy to use, prompt and above all, citizens must have faith that they will get justice to it. Therefore, we should be effective and efficient in monitoring of grievances and facilitate speedy redressal.

(Rahul Mudgil)
Lt Col
OffgDir(C&L)
for MD ECHS

Tele : 011-25690327
Telefax: 011-25684946
Email: dircomplaints-mod@nic.in

B/49714-CC/AG/ECHS

Central Organisation ECHS
Adjutant General's Branch
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HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

09Nov 2016

ADVISORY: 8149717 -C/AG/ECHS/6-2016
COURT CASES AGAINST TERMINATION OF EMPLOYMENT IN ECHS

1. Instances of contractual employees going to court against termination of their employment on grounds of inefficiency I drop in performance are on an increase. As per existing rules, services of a contractual employee in ECHS may be terminated as per para 11 of the agreement primarily on grounds of indiscipline/ drop in performance. In addition, employment of a contractual employee may also be terminated in case services are no more required.

2. To enable the staff at various HQs to deal with such cases and handle contractual staff, a few judgments on related issues have been iden and are fwd as under :-

3. **In the High Court of Punjab & Haryana at Chandigarh CWP No 1992 of 2016: Dr Harbhajneek Kaur of ECHS, Polyclinic Faridkot.**

(a) **Complaint.** The contractual employee had claimed that dispensing with her uninterrupted services of almost 12 yrs and replacing her with another contractual employee through an advertisement despite there being no complaint against her was illegal. Before "odging the complaint, the petitioner participated in the process of selection held consequent to the advertisement by ECHS. When the petitioner could not qualify, she decided to approach the court and obtained a stay.

(b) **Judgment**. The petition was dismissed. -

(c) **Rationale.**

(i) In the instant case, the petitioner herself participated in the process .of selection and when she could not qualify in the interview, she decided to challenge the process of recruitment.

(ii) As per para 4 of the scheme, when there is a shortage of veterans applying for a particular post, GOC Area may sanction employment of civilian staff on contract valid for a period of 11 months only. However since the scheme is primarily for ex-servicemen, during this period, efforts is made to appoint a suitable ex-servicemen. Therefore, the petitioner being a civilian, cannot claim to continue till 65 years of age.

(iii) The petitioner's conduct while discharging her duties was not up to the mark. A large No. of complaints against her conduct had been received and were produced before the court.

4. **In the High Court of Karnatka at Bengaluru CWP No 32241/2013 : Wing Commander Mumtaz Ali (Retd) ECHS Polyclinic Jalahalli, Bengaluru.**

(a) **Complaint** The contractual employee had complained against termination of contractual employment as OIC Polyclinic after expiry of one year and two months without assigning any reason.

(b) **Judgment** The petition was dismissed.

(c) **Rationale.** The petition was dismissed on discipline grounds since the performance in the Annual Performance Report of the petitioner as the OIC Polyclinic was 'just satisfactory'. In addition, he had been counseled / given reminders / issued advisory on several occasions.

5. **In the High Court of Kerala at Ernakulam CWP No 7643 of 2007(i) Lt Col KR Sashidharan (Retd) ECHS. Polyclinic Kannur**

(a) **Complaint** The contractual employee had compliant against termination of contractual employment as OIC Polyclinic, Kannur without reaching the age of superannuation (65 Years).

(b) **Judgment.** The petition was dismissed.

(c) **Rationale**. The petition was dismissed on the grounds of unsatisfactory conduct and performance. Various instances of serious misbehavior towards doctors and veterans were reported. A committee of three officers constituted by Station Headquarter recommended no extension of employment.

6. You are requested to disseminate the above to all Sth HQs / LDUs so as to provide adequate inputs for def of similar court cases. It may be noted that fully text of judgments are available online in the official portals of concerned high court.

(R Malhotra) Col
Dir (C & L) for MD
ECHS **Copy to:-**

(All Regional Centres ECHS)

Ops& Coord Sec

P & FC Sec - For info please.

Stats & Auto Sec

Med Sec

Tele : 011-25690327
Telefax: 011-25684946

Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
DelhiCantt-10

12 Nov 2016

B/49714-CC/AG/ECHS

Air HQ (Subroto Park)/DAV
IHQ of MoD (Navy)/ PO ECHS (Navy)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
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HQ South Western Command (A/ECHS)

ADVISORY: B/49714-CC/AG/ECHS/5-2016
DEFENCE OF ECHS REIMBURSEMENT CLAIM CASES IN CONSUMER FORUMS

1. Further to this HQ Advisory No B/49717-C/AG/ECHS dt 09 Oct 2015.

2. A No. of cases have been filed in Consumer Courts/Forums primarily against reimbursement of indl claims. Due to ignorance of policies, sometimes the ESM fraternity expect cashless treatment / full reimbursement of treatment taken at non empanelled hosp in a perceived emergency. In addn, instances have come to the notice where the veterans have opted for higher order treatment by agreeing to bear addl cost but have taken umbrage to ECHS worksheets of claim reimbursements and later gone to the court/consumer forums seeking higher amounts of reimbursements. Although as per the existing laid down procedures," empanelled hosps are mandated to offer cashless treatment; full reimbursement in non empanelled facilities is highly improbable, in particular, as Non NABH rates notified by the govt are substantially lower.

3. Treatment in an emergency in a non empanelled facility is admissible subject to indl seeking EIR(Emergency Info Rep) within 48 hrs from his/nearest polyclinic. As per rules, refund is admissible" as per CGHS rates / govt mandated rates (Auth:- Central Org ECHS letter No B/49773/AG/ECHS/Policy dt 20 Apr 2007). It may also be 'pertinent to point out that vide Ministry .of Def, Deptt of Ex Servicemen letter No 220(09)/2013/US(WE)/0(Res) dt 26 Jul 2016 read in conjunction with Cent Org ECHS letter No B/49770/AG/ECHS/Policy/2016 dt 31 Aug 2016, veterans are now auth reimbursement of charges if treatment is taken in govt hosps and Regional Cancer Centres. However, due to lack of awareness of ECHS rules and regulations, some veterans are adopting legal course which leads to enhanced paperwork. and financial burden not only for the veterans but also for the org.

4. It is imperative that such legal cases are contested in the appropriate forum/court suitably. The relevant policies must be entrusted to the CGSC / counsel hired by respective Stn HQs in consultation with the concerned polyclinic and Regional Centre ECHS. Settled cases which can aid def of such court cases are given in fwg paras

5. **OANo. 85 of 2010-Filed by Lt Col KB Singh in AFT, Regional Bench, Lucknow**

(a) **Brief Case.** The appellants wife, an under treatment diabetic patient, was admitted in a non empanelled hospital for an acute attack of Hypo Tension and Hypo Glycemia. The petitioner submitted indl reimbursement claim of Rs 4,83,477/- subsequently. The bills were processed and Rs 2,00,067/- were reimbursed by ECHS. The appellant filed a case for balance amount.

(b) **Judgement.** The Hon'able court dismissed the case stating that "Laid down policies do not permit payment of full amount to non empanelled hosp as claimed by the appellant."

(c) **Rationale.** Comparison of the working sheets and assessment carried out by ECHS were found to be correct. As per laid down policies, payment of full amt could not be justified. ECHS reimbursement is limited by CGHS/ Govt notified rates.

6. ***Case No 626 of 2011- Filed by Sub Satpal Singh (Retd) in District Consumer Disputes Redressal Forum Rewari, Haryana.***

(a) **Brief Case.** The appellant was injured in a rd tfc accident and taken to the nearest hosp by the police. The appellant submitted indl reimbursement claim of e Rs 4,26,741-.The bills were processed and Rs 1,72,032/- were reimbursed by ECHS. The appellant filed a case for balance amount. .

(b) **Judgement**. The Hon'able court dismissed the case stating that "The opposite parties are bound by the rules and regulations framed and as such they have reimbursed the amount as per CGHS rues."

(c) **Rationale.** The appellant could not produce any docs/law/circular in favour of his entitlement to draw the actual expenditure. Comparison of the working sheets and assessment carried out by ECHS were found to be correct. As per laid down policies, payment of full amt could not be justified.

7. **Case No 05 of 2014- Filed by Nk Mohinder Singh (Retd) in District Consumer Disputes Redressal Forum Barnala, Punjab.**

(a) **Brief Case.** The appellant was involved in an accident and reported to his polyclinic. The polyclinic in turn referred him to a polyclinic in a maj city nearby. However, the patient instead of taking a referral, went directly to an empanelled facility. The hospital after first aid did not treat him as no referral was there and case was not an emergency. Appellant took treatment in a non empanelled facility and paid Rs 95,0001- for treatment. On not being able to claim the amount, he filed a legal case.

(b) **Judgement.** The Hon'able court dismissed the case stating that "The appellant failed to bring any confidence inspiring evidence on record that he was suffering from such an injury which was threatening his life or there was an emergency and that he had no right to approach an empanelled facility without getting any referral from the concerned polyclinic."

(c) **Rationale** The complainant could not produce any docs other than a certificate from the treating hosp as an evidence of the kind of treatment he had undergone at the hosp. He also could not establish the emergency justifying his admission without referral.

8. In addn to the above, the website of CONFONET (Computerization and Computer Networking of Consumer Forums) at www.confonet.nic.in may be utilized extensively to defend cases in Consumer Forums.

9. It is imperative that various functionaries/ local defending units/govt counsels be sensitized to provide adequate inputs to the honorable courts/forums in def of such cases in the interest of the org. Wherever reqd, expertise of ECHS staff at Stn level/Regional Centre / Central Org be availed by the defendants. Most of the policies are also available as pdf docu (s) on the official site of ECHS in the public domain at www.echs.gov.in.

(RMalhotra)
Col
Dir (C & L)
for MDECHS

Copy to:-

---------- - For info pl

(All Regional Centres ECHS) By email

Tele : 011-25690327
Telefax: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD(Army)
Maude Lines
Delhi Cantt-10

Email : dircomplaints-mod@nic.in

15 Feb 2017

B/49714-CC/AG/ECHS

Air HQ (DAV), Subroto Park IHQ of
MoD (Navy), PD (ECHS)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Southern Western Command (A/ECHS)
HQ Northern Command (A/ECHS)

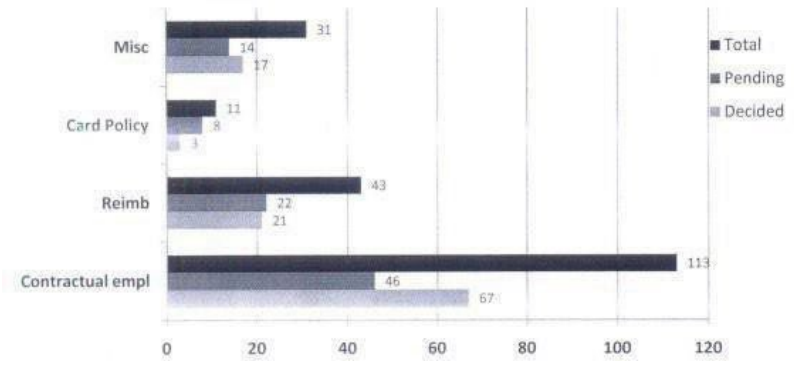
ADVISORY: B/49714-CC/AG/ECHS/1-2017 COURT CASES CONCERNING ECHS

1. There has been an incr in the No of court cases wrt ECHS recently. In addn to civil courts, cases in CAT, SHRC/NHRC, DRT, Competition Appellate Auth and Consumer Courts have also been admitted/adjudicated upon. Def of court cases wrt ECHS follow the procedures as prescribed by the Service HQs with local Stn HQs playing a pivotal role and the Legal cells stepping in for cases in AFTs/High Court/Supreme Court. A case on arbitration is also being dealt with SITL (erstwhile card making firm).

2. The No of court cases percentage wise wrt ECHS in various courts is given below :

(a)	Supreme Court	-	1%
(b)	High Courts	-	55%
(c)	Consumer Courts	-	17%
(d)	AFTs	-	15%
(e)	LD / Dist Courts	-	9%
(f)	Misc	-	3%

3. On scrutinizing the cases filed, the trend on type of cases filed was analyzed. No of court cases disposed/pending under some major broad heads are as under :



4. **Trends In Litigation.**

(a) Litigation cases are on the rise, themain petitioners being the beneficiaries or the employees of the scheme.

(b) The maximum cases pertain to terms and conditions of services of contractual staff.

(c) Recently, many cases concerning reimbursement have come up in various consumer courts.

(d) Def of court cases wrt ECHS appears to be an area where most CGSCs and Local Defending Units do not take adequate interest due to lack of exposure to ECHS in gen.

(e) Recent judgments on contractual services by two high courts (CWP No 9093/2014 & 32 others and CWJC No 18430 of 2015 & 13 others) have the potential to cut down litigation in this category as these landmark verdicts have given validity to current policies on hiring of contractual staff.

(f) Clarification of Govt policy by the department wrt pension applicability for ECHS membership in Nov 2016, likewise will reduce litigation especially from those pensioners not drawing pension from Defence Accounts Department e.g. APS retirees.

5. Mobile and social technology, sociological and behavioral changes and heightened veterans/ beneficiaries expectations have radically shifted the goalposts wrt satisfaction in Medicare. Many beneficiaries resort to litigation which leads to protracted legal cases. In consistent
/ faulty implementation of policy wrt contractual employment must be curbed so as to minimize litigation. Bill Processing Agencies / Officials must also be diligent in reimb of claims so as to decrease likely litigation cases.

6. However, def of ongoing litigation / cases needs to be vigorous and factual based on current rulings / policy. Local defending units / Legal cells be provided all assistance in def of such cases by all concerned with ECHS functioning.

7. For info and necessary action pl.

(R Malhotra)
Col
Dir (C&L)
for MD ECHS

Copy to:-

(All Regional Centres ECHS) - Same may be disseminated to Stn HQs as reqd.

Tele : 01125690327
Telefax: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD (Army)
Maude Lines
Delhi Cantt-10

Email : dircomplaints-mod@nic.in

24 Mar 2017

B/49717-C/AG/ECHS

IHQ of MOD (Navy)/PD ECHS (Navy)
Air HQ (DAV), SMCBuilding, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command
(A/ECHS)

ADVISORY: B/49717-C/AG/ECHS/2-2017 REFUSAL OF TREATMENT BY ECHS EMPANELLED HOSPITALS

1. Of late, large number of cases of Empanelled Hospitals refusing admission to ECHS beneficiaries have been reported. A gist of methodology to be adopted to avoid such instances is as under:

(a) Whenever a hospital is unable to admit a patient due to non availability of bed, the hospital will inform OIC ECHS Polyclinic | Joint Director / Director Regional Centre on phone about it, which will be followed by an email within 24 hours. All Regional Centres are requested to maintain proper records of such instances.

(b) Even in case of non availability of bed, as soon as patient reaches the hospital he must be provided treatment as required to stabilize his condition. The hospital will contact other empanelled hospitals so that patient can be shifted there. The situation of non availability of bed will be conveyed to the veteran / family members to their satisfaction, which can be done by showing the ground bed state.

(c) The hospital which fails to implement the above measures will be liable for disciplinary action as per SOP for disciplinary action against empanelled hospitals / diagnostic centres / medical facilities issued vide this HQ letter No B/49717-CIAG/ ECHS dated 05 Apr 2016.

2. It is further advised that instead of taking the patients home when empanelled hospital fails to provide treatment, he / she should be taken to nearby service hospital | government hospital / non

empanelled private hospital to ensure that the patient gets life saving treatment. The amount spent in government hospital is authorised to be fully reimbursed. He can also be taken to non empanelled hospital and amount claimed as per ECHS rules, provided the emergency is justified.

3. For necessary action and compliance please.

(R Malhotra)
Col
Dir (C & L)
for MD ECHS

Copy to :

(All Regional Centres ECHS) - Same may be disseminated to Stn HQs as reqd.

Tele : 011-25690327
Telefax: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MOD(Army)
Maude Lines
Delhi Cantt-10

Email : dircomplaints-mod@nic.in B/49714- CC/AG/ECHS

19 May 2017

Air HQ (Subroto Park)/DAV
IHQ of MoD (Navy)/ PD ECHS (Navy)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ South Western Command (A/ECHS)
HQ Andaman & Nicobar Command (A/ECHS)
HQ Northern Command (A/ECHS)

PROCEDURE FOR FWD LEGAL CASES

1. It is obs that Fmns are fwd cases seeking clarifications/comments/views on legal issues from this office. This office in turn, fwd all such cases to JAG Branch in the IHQ of MoD or Legal Adviser of DOESW, Min of Def, for their comments. Convergence of all such cases at Central Organisation ECHS lead to accumulation of work and more consumption of time. Same can be avoided, if all such cases are routed through JAG br at respective HQs, in the chain of Comd. However, clarifications on ECHS related issues may be obtained from ECHS, Regional Centres/this HQ.

2. **HQ Western Comd only** The procedure as enumerated above may pl be followed in the case of Dr Neha Mahajan (CWP No 7404 of 2014).

(Rahul Mudgil)
Lt Col
OffgDir(C&L)
for MD ECHS

Internal:

Ops&CoordSec - For info.

Med Sec

Tele : 011-25690327
Telefax: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-10

Email : dircomplaints-mod@nic.in

14 Jul 2017

B/49717-CPGRAMS/AG/ECHS

All Regional Centre ECHS

INSTRUCTIONS TO REPLY/RESPOND TO CPGRAMS GRIEVANCES

1. Further to our letter No B/49717-C/AG/ECHS dt 13 Oct 2016.

2. It may be noted that the Hon'ble Prime Minister reviews pending CPGRAMS cases with all the Secys of the Union and the Chief Secy of the States on fourth Wednesday of every month. Any complaint pending for more than 60 days get flagged to PMO automatically on third Wednesday of the month and the concerned Secy has to provide an explanation for the same. Towards this end, serious concerns have been expressed about the cases pending on the portal.

3. It is therefore mandatory that the grievances are replied on priority within 25 days of the receipt. The swift response can be received I expected only when it reaches the correct office, dealing with the concerned subject. A clear distinction should be made of issues being dealt by Regional Centre (RC) ECHS & Stn HQ ECHS Cell and replied accordingly by the concerned office.

4. The following issues pertain to RC, ECHS and should be replied by RC w/o referring to Stn HQ/Area/Sub Area HQ:

(a) Initial response to complaints regarding empanelled hospitals / Harassment at empanelled hospitals. In case complaints require detailed investigation/ enquiring the same will be referred to Stn HQs.

(b) Claim / Billing issues of empanelled hospitals.

(c) Indl reimbursement claims:

(i) If already received by RC.

(ii) If not received by RC then necessary, feedback be taken from Polyclinic.

5. Following issues pertain to Polyclinic/Stn HQ be replied by Stn HQ:-

(a) Complaints relating to treatment in service hosps or detailed investigation of complaints relating to empanelled hosps.

(b) Complaints regarding adm of Polyclinics.

(C) Harassment at Polyclinics.

(d) Complaints regarding smart cards.

(e) Contractual employment.

6. Fornon avl of medicines, following procedure should be followed:

(a) Grievances relating to non avl of medicines, need to be addressed by Stn HQ by taking comments of SEMO. Since RCs are further connected to Stn HQs on CPGRAMS, such complaints will be fwd to RC's and RC's will further fwd to Stn HQs.

(b) Stn HQs are requested to obtain comments from SEMO and attach on the CPGRAMS portal. (Note:- Letter on the same issue is always fwd to Comd HQs by this office to obtain comments of MG Med, Comd).

7. Grievances on CPGRAMS can only be resolved, when it is replied in the form of a letter to the veteran/dependent and copy of the same is attached on the portal. Since, complaints are managed / handled at the highest level, due care must be taken by all concerned to increase the satisfaction level of the complainants.

(Rahul Mudgil)
Lt Col
offg Dir (C&L)
For MD ECHS

TO BE SENT THROUGH E-MAIL

Tele : 011-25690327
Telefax: 011-25684946
Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
DelhiCantt-10

B/49714-CC/AG/ECHS

14 Mar 2018

Air HQ (Subroto Park)/DAV
IHQ of MoD(Navy)/ POECHS (Navy)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

ADVISORY: B/49714-CC/AG/ECHS/1-2018
COURT CASES AGAINST TERMINATION OF EMPLOYMENT OF CONTRACTUAL STAFF IN ECHS POLYCLINIC

1. A Copy of Hon'ble court orders dt 13 Feb 2018 passed by Hon'ble Ms. Justice Hima Kohli and Ms. Justice Rekha Palli, High Court of Delhi concerning dismissed contractual staff has been given out on said date. Same is available on the concerned website of the High Court as CWP No 12186 of 2016 filed by No 14482279X Ex Nkl Dvr Ravinder Kaushik vs UOI and others. Indl was working on the post of driver with the ECHS Polyclinic, Base Hosp, Delhi Cantt.

2. The petitioner, an ex-serviceman, was issued an appointment letter offering him appointment on the post of driver at the ECHS Polyclinic, Base Hosp, Delhi Cantt, on a contractual basis for a period of twelve months wef 01 Apr 2016 to 31 Mar 2017, with the consolidated remuneration of Rs. 15,500/- per month. He was issued a termination letter on.03 Nov 2016 on disciplinary grounds as his work was not satisfactory.

3. As per Para 14 of court order, in the context of contractual employees, reference may be made to the observations of a Division Bench of Delhi High Court in Neena Shad vs MCD & others reported as (2010) 175 DLT 240, wherein the court had considered the protection available to a government servant under Article 311 of the Constitution of India to a contractual employee. Paragraph 68 of the aforesaid decision which reads as under is reproduced as under:-

"68. Sometimes due to rush of work of other exigencies of service the government makes contractual appointments. Such appointments are made in respect of non-sanctioned posts and de- hors the recruitment rules. A person appointed on contractual basis does not enjoy the protection of Article 311

(2) for the simple reason he is not member of a civil service of the Union or an all-India service or a civil service of a State or holds a civil post under the Union or a State. (See the decision of Supreme Court reported as Union Public Service Commission v Girish Javanti Lai Vaghela (2006) 2 SCC 482".

4. The Hon'ble court has passed the judgement in favour of the org. There is an urgent need to review the process of contesting court cases wrt engagement of contractual staff in ECHS Polyclinics in order to avoid cases going against the org.

5. Concerned Legal Cell/Stn HQs/CGSCs/LDUs may download the full judgement and take its aid in def of suchcourt cases within their jurisdiction. In this context, also ref this HQ letter No B/49714- CC/AG/ECHS dated 09 Nov 2016.

6. Fornecessary action pl.

(R Malhotra)
Col
Dir (C & L)
ForMDECHS

Copyto:-

All Regional Centre ECHS Internal:- - For similar action pl.

Internal:-

Pers Sec - Forinfo and further necessary action pl.

TOBE SENT THROUGH E-MAIL

Telefax: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Lines
Delhi Cantt-10

Email:dircomplaints-mod@nic.in

02 Apr 2018

B/49717-CIAG/ECHS

Air HQ (Subroto Park)/DAV
IHQ of MoD (Navy)/ PD ECHS (Navy)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

ADVISORY : B149717-CIAG/ECHS/2-2018 - MONITORING AND REDUCING NUMBER OF COURT CASES WITH RESPECT TO ECHS CONTRACTUAL EMPLOYEES

1. ECHS came into effect for management of health services of armed forces veterans in 2003 and the scheme has progressed rapidly, currently having a membership of approx half a million pers and a pan India reach. The scheme is based on a system of polyclinics and regional centres working with service and empanelled hosps to provide healthcare to its members. The number of contractual employees and the remuneration paid to them has also risen considerably since inception making ECHS a sought after employment.

2. The procedure for employing staff on contractual employment has been laid down primarily vide Govt of India, MoD letter No 24(6)03/US(WE)/D(Res) dt 22 Sep 2003 and Central Organisation ECHS letter No B/49760/AG/ECHS(R)/2017 dt 22 Dec 2017.

3. The persons so employed on contractual basis are employed as per a MOA signed between the competent auth and the contractual employee.

4. There are a number of ongoing Court Cases in LD/Dist Court/High Courts/AFTs etc, due to perceived grievances by some contractual employees with regard to their terms and conditions of

service. On analysis of all pending Court cases of ECHS, it has been found that approx 70% of all such litigations were with respect to contractual employees. At present, 57 cases are pending before Courts wherein stay against termination of contractual service has been ordained by the Courts in 29 cases.

5. In order to arrest the trend of such pers obtaining ex-parte order to continue in service, it is recommended that whenever a show cause notice has been served upon a contractual employee for termination of service, concerned Stn HQs may concurrently file a Caveat under Section 148A of Civil Procedure Code in the Court of competent jurisdiction.

6. A Caveat is an application filed by a legal person claiming a right to appear before the Court on an application that is expected to be made or has been made, in a suit or proceeding instituted or about to be instituted. Such an application obviates passing of ex-parte interim orders without hearing the other party. In cases of the nature as enumerated above, the application may inform the court that the contractual employee is likely to the cases, applications, injunction suits etc, in an effort to conceal the material facts on false, fictitious and misleading grounds against proposed action to terminate his service and thereby obtain an ex-parte order in his favour. Therefore, the application must put forth a prayer that no stay/injunction order or any other such order be passed in favour of the contractual employee party without hearing the caveator.

7. The above action will not only help in effectively dealing with such litigations, but will also ensure that status quo / injunctions are not passed by the courts without hearing the contentions of respective employer / Station HQs. Notwithstanding, it is imperative that due care must be taken in issuing Show Cause Notice and termination letters for employees whose services are terminated under the clause of unsatisfactory performance / absence of work.

(RMalhotra)
Col
Dir (C &L)
for MD ECHS

Copy to:-

All Regional Centre ECHS - Advisory fwd through e-mail. The contents may pl be disseminated to all Station HQs under ECHS jurisdiction of your Regional Centre.

TO BE SENT THROUGH E-MAIL

Tele: 011-25690327
Tele :011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Lines
Delhi Cantt-10

Email : dircomplaints-mod@nic in B/49714-CC/AG/ECHS

23 May 2018

AirHQ (Subroto Park)/DAV
IHQ of MoD (Navy)/ PDECHS (Navy)
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

ADVISORY : B149714-CC/AG/ECHS/3-2018 MANAGEMENT OF TENURE OF CONTRACTUAL STAFF WHERE TERMS AND CONDITIONS OF CONTRACTUAL EMPLOYMENT HAVE BEEN CHALLENGED IN COURTS

1. Further to the advisories issued earlier concerning contractual employment:

   (a) Advisory No B149714-CC/AG/ECHS/1-2017 dt 15 Feb 2017.

   (b) Advisory No B/49714-CC/AG/ECHS/1-2018 dt 14 Mar 2018.

   (c) Advisory No B149714-CC/AG/ECHS/2-2018 dt 02 Apr 2018.

2. The procedure for employing staff on contractual employment has been laid down vide Govt of India, MoD letter No 24(6)/03/US(WE)/D(Res) dt 22 Sep 2003 and amplified in detail recently vide Centre Org ECHS letter No B/49760/AG/ECHS(R)/2017 dt 22 Dec 2017.

3. However, in many instances, employees on contractual employment in ECHS environment have gone to court and obtained favourable judgements in their cases or have been able to benefit due to "Status Quo" orders passed. Some of the points which merit consideration are as under:

(a) In cases where it is prescribed in the contract that the appointments are contractual in future, for a specific period / age, then as a matter of right the employee cannot claim permanency over the said post. However, most of the Hon'ble Courts have interfered with the termination of service on the basis of renewal clause included in the contract, which was subject to continued "good conduct and performance of the engaged person during the preceding 12 months and existence of work for the engaged person at the ECHS Polyclinic. The Court have, on majority of occasions, observed that there was no material placed on records to justify denial of renewal of contract. Further, in some cases repeated renewal of contract was done and thereafter the termination of contract was resorted to without due justification. The above aspects require attention by the respective appointing authorities.

(b) In cases where an order of "status quo" has been given by the Court, then the individual continues to remain in contractual service during the validity of said order. However, there is no requirement of renewing the contract with the individual for his continuance in service once the initial contracted period is over.

(C) It is not advisable to advertise for fresh interviews in cases where a stay against cessation of contractual employment has been passed by a Hon'ble Court.

(d) It is legally permissible to employ a contractual employee in place of another contractual employee, provided the latter's services were terminated in accordance with the terms and conditions of the contract and the post in question is not regular in nature.

(e) In case, there already exists an interim order against the termination of service of a contractual employee, then terminating his service on the ground of discp / poor performance be processed after intimating the court. However, in such cases, in case the indiscipline or poor performance of the employee is well established, then the appropriate course would be to bring the same to the notice of the Court and get the interim order of stay vacated.

(f) In cases where an employee is continuing in the post due to an interim order of the Court, then his services cannot be terminated on the ground that the existence of work for the said post has ceased.

4. All out efforts will be made to seek priority of hearing, do comprehensive briefing of Govt counsel, seek early dates and get the stay vacated.

(RMalhotra)
Col
Dir (C&L)
for MD ECHS

Copy to: -

All Regional Centre ECHS	-	For dissemination to Stn HQs as reqd.

Internal

Ops & Coord Sec	-	For info and further necessary action pl.

Tele : 011-25690327
Telefax: 011-25684946

Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Maude Line
Delhi Cantt-10

B/49717-CPGRAMS/AG/ECHS

30 Jul 2018

(All Regional Centres)

ADVISORY: CPGRAMS

1. It has been observed withconcern at the highest level that CPGRAMS grievances are not addressed adequately within stipulated time period causing embarrassment.

2. All the Directors are requested to take personal interest in settling the complaints immediately as and when received.

3. Fewsuggested steps are as follows:-
   (a) Offr must spk to the complainant on receipt of the same.
   (b) If info/reply is reqd from the subordinate Org/Sub-Area, it should be fwd imdtly on CPGRAMS on same day of the receipt of the complaint.
   (c) Offr resp for handling the complaints must follow up the reqd reply from the subordinate Org & after receiving the reply, it must be uploaded on the CPGRAMS with the sign of Dir/JD Est.
   (d) It is recommended that the reply recd from the subordinate org may not be endorsed to the petitioner.
   (e) Reply on similar lines with inputs recd to be preferred & signed by Dir RC /JD Est to be fwd to the petitioner

4. Aim of CPGRAMS is to resolve the complaint at the earliest & satisfy the complainant. CPGRAMS is a time bound redressal system. RC cannot keep waiting for reply from subordinate org.

5. PI ensure compliances.

(R Malhotra)
Col
Dir (C & L)
For MD ECHS

Tele : 011-20892332
Telefax : 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg,
Near GopinathCircle
Delhi Cantt-10

Email : dircomplaints-mod@nic.in

23 Oct 2019

All Regionals Centers ECHS

COMPLAINTS AGAINST EMPANELLED HOSPITALS .

1. Over a. period of time many complaints have been received from beneficiaries against ernpanelled Hospitals/Nursing homes/Dental Centres/Labs wrt:-

(a) Charging of Money
(b) Inadequate services.
(c) Inadequate infrastructure / facilities.
(d) Harassment/non availability of beds.
(e) Non availability of OPD services/Specialists availability.

2. Though, Director Regional Centres write to hospitals seeking explanation on the complaints, it is seen: that the letters do not refer to violation of para/clause of MoA in those letters. Thereby, the explanation/counseling/warning letter does not hold good in court of law.

3. It is therefore, .advised that whenever Dir,. Regional Centre seeking explanation from . hospital / issuing Show Cause Notice must mention the relevant para of MoA, which has been violated.

4. Suggested format for language for charging money is as under:-

"You have charged/levied Rs,---------- . from-------on ..... while he was under

treatment at your hosp against claim ID----------.

'This IS In contravention to Para---------- of MoA wherein you undertook, that---------- "

"You are hereby warned/counseled ---------- "

5. For your necessary action pl.

(R Pandey)
Col
Dir (C & L)
For MD ECHS

Tele : 011-25690327

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD
(Army) Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-10

Telefax: 011-25684946

Email: dircomplaints-mod@nic.in

06 Dec 2019

B/49714/CC/Policy/AG/ECHS

HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
Central Command (A/ECHS)
HQ South Western Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ Andaman & Nicobar Comd (A/ECHS)
IHQ of MoD (Navy)/ PO ECHS (Navy) Air
HQ (Subroto Park)/DAV

ECHS COURT CASES:LEGAL FEES LAWSUITS

1. Further to this HQ letter No B/49714-CC/Policy/AG/ECHS dt 25 Aug 2015 (copy att for ready ref please).

2. A lot of litigations court cases are in processes for which legal fees court penalties are reqd to be paid. It is pertainant to mention that cases are being represented by various Stn HQs/ Sub Area's/ Area HQ's through their legal cells in court of law. Legal expenses of Govt Counsell Arbitrator are reqd to be paid by them.

3. The requisite funds for the same may be demanded by respective Stn HQ through Comd of channel. This HQ will not paid any amount in r/o Govt Counsel court penalties directly as per policy in vogue.

4. All comd HQ's are also requested to instr all Re'sl ECHS Cellsl Legal Cells to not to make any correspondence on the sub to this HQ.

5. Request accord priority.

(Rajat Pandey)
Col
Dir (C&L)
For MD ECHS

Encls:-As above.

Copy to:-
(All Regional Centre's)

Tele : 011-25690327
Telefax : 011-25684946
E-mail : dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
IntegratedHQ of MoD (Army)
Thimayya Marg,
Near Gopinath Circle
Delhi Cantt-10

B/49714/CC/Policy/AG/ECHS

25 Aug 15

HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Comd (A/ECHS)
HQSouth Western Comd (A/ECHS)
HQ Northern Comd (A/ECHS)
HQ Andaman & Nicobar Comd (A/ECHS)
IHQ of MoD (Navy)/ POECHS (Navy)
Air HQ (Subroto Park)/DAV

ECHSCOURT CASES:LEGALFEES/ LAWSUITS

A copy of this HQ letter No B/49714-CC/Policy/AG/ECHS dt 17 Jul 15 and No dt 27 Jul 15 are fwd herewith for your info pl.

(RMalhotra)
Col
Dir (C & L)
ForMDECHS

COPY OF BID LETTERS AS ABOVE

B/49714-CC/Policy/AG/ECHS 17 Jul 15

COURT CASES : LEGALFEES/ LAW SUITS

1. Of late , a number of Court Cases are in prog at High Courts. Lower Division Courts. AFTs and Consumer Court at Distt/National level concerning ECHS est(s) or functionaries of ECHS / involved in ECHS management.

2. Normally, sanction to defend the suit is given by the competent mil auth Min of Def has given a decision to defend the threatened suit. The role of the CGSC and the local HQ/Unit handling the case is the most vital aspect. Units so nominated will be at the behest of the Stn/Sub Area HQs.

3. It is clarified that fund for cost of law suits and legal fees including appeals are distr to Comd HQs by Central Org ECHS under Major Head 2036 Minor Head 107 Sub Head 366/00 and may be demanded through chain of Comd. Awards due to MACT laws suits are also covered under the same head (Auth: Para 6 to 24 of Part I (Gen Fin Procedure for ECHS) of Appx to Govt of India, Min of Def letter No 24(3)/03US(WE)/D(Res) (ii) dated 09 Sep 2003).

4. You are requested to inform all SO ECHS in Stn HQs/Stn HQs concerned accordingly.

Sd-xxxxxxxx (R Malhotra)
Col
Dir (C & L) For
MD ECHS

B/49714-CC/Policy/AG/ECHS 27 Jul 15

COURT CASES: LEGALFEES/LAW SUITS

You are requested to amend Major Head mentioned in Para 03 of ibid letter with Major Head 2076 for **Major Head 2036.**

Sd-xxxxxx
(R Malhotra)
Col Dir (C & L)
For MD ECHS

Telefax: 011-25684946
Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg,
Near GopinathCircle
Delhi Cantt-10

B/49714/CC/Policy/AG/ECHS

23 Dec 2019

HQ Southern Comd (A/ECHS)
HQ Eastern Comd (A/ECHS)
HQ Western Comd (A/ECHS)
HQ Central Command (A/ECHS)
HQSouth Western Comd(A/ECHS)
HQ Northern Comd (A/ECHS)
HQ Andaman & Nicobar Comd (A/ECHS)
IHQ of MoD (Navy)/ PO ECHS (Navy)
Air HQ (Subroto Park)/DAV

NOMINATIONOF REGIONAL CENTRES ECHS POLYCLINICS

FOR DEFENDING OF COURT CASES: ECHS

1. Furtherto this HQ letter No B/49714/CC/Policy/AG/ECHS dt 06 Dec 2019.

2 It has been noticed that Stn HQs! Area HQs has been nominating Regional Centre/ECHS Polyclinic as a Local Defending Unit (LOU) to defend legal cases in Distt Court High Court Consumer Courts.

3. It is reiterated that Regional Centres ECHS Polyclinic have no capacity to function as a defending unit. Functioning of the Regional Centre's ECHS Polyclinics will be severely hampered due to detailing of Regional Centre ECHS Polyclinic as a Local Defending Unit (LOU). Contractual staff employed in ECHS must not be given task of defending the

organisation in courts. The same is best done by employed govt counsels/Legal Cells at respective Stn HQs Area HQs in conjunction with a LOU.

4. Fees of govt counsels and cost of court cases! appeals etc are catered for by allocating sufficient funds to Comd HQs under Major Head 2076, Minor Head 107 Sub Head 366/00 and can be demanded on need basis by respective Stn HQs.

5. You are requested to instr fmns/ Stn HQs accordingly.

(RMalhotra)
Col
Dir (C & L)
For MDECHS

Copyto:-

(All Regional Centre's)

Internal:-

S & A Sec - You are requested to upload the ibid letter in ECHS website please.

Tele : 011-20892332
Telefax : 011-25684946
Email : dircomplaints-mod@nic.in

B/49717/C/AG/ECHS

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg,
NearGopinath Circle
Delhi Cantt-10

16 Dec 2020

lHQ of MoD (Navy)/PDECHS (N)
Air HQ (DAV), SMC Building, Subroto Park
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Western Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Western Command (A/ECHS)

ADVISORY : ADDRESSING GRIVANCES & COMPLAINTS

1. Beneficiary grievances are the feedback system for improvement in the system and ameliorate various lacunas, removing which will assist in streamlining the procedures and effective implementation of policies. However, over the period of time it has been observed with concern that the grievances are not addressed in a way which would satisfy the beneficiaries and streamline our system.

2. A graphical representation of complaints/litigation recd in 2019 & 2020 with types are as under :-

3. It Is imperative that the complaints/grievances must be addressed in a fair manner Benefits of fair/transparence and efficient grievance redressal mechanism:-

(a) It will encourage beneficiaries/employees to raise concerns without fear if reprisal
(b) It prevents minor disagreements developing into more serious disputes.
(c) It saves organizations time as solutions are found speedily for worth space
(d) It will enhance the organizational climate of ECHS, based on openers and trust.
(e) Local HQs credibility and control will be maint.

4. It is advised that grievances recd from various sources be handled as described in succeeding Paras as guideline and compliance:-

(a) **CPGRAMS**.

(i) It is a portal in which Dir (C&L) is the Nodal officer for ECHS under (MoD) DoESW.

(ii) CO, ECHS has made Dir Regional Centers as subordinate offices and user name & PW have been provided vide Para 2 of Advisory number - 8/49717- CPGRAMS/AG/ECHS dt 16 Dec 2016.

(iii) Dir RCs are reqd to make Stn HQs as subordinate offices (Para 4 of advisory number 8/49717-CPGRAMS/AG/ECHS). A few RCs have made Polyclinics as subordinate office on CPGRAMS which is against Policy and RCs must make Stn HQs as subordinate office for better accountability.

(iv) Once the grievance is recd the subordinate offices reqd to the speak to the beneficiary on the phone (if phone number provided) positively to understand the main issue and grievance.

(v) The grievance must be investigated transparently and if reqd the complainant should become part of investigation.

(vi) The reply to the grievance must be given by the subordinate office to the complainant by email/Regt Post.

(vii) Same reply should be uploaded on the portal for submission online to DAPRG.

(viii) Complaints have been categorized in various categories when recd, we can easily comprehend and analyze the main focus areas for improvement & resolution to ameliorate the complaints.

(ix) It is imperative that a suitable reply is uploaded so that beneficiary/complaint provides a suitable feedback. A subordinate wise feedback report of 01 Jan 2019 to 31 Dec 2019 is att as Appx A & 01 Jan 2020 to 15 Dec 2020 is att as Appx B for perusal of all.

(b) **MoD/PMO/Presidential Sectt Complaints**.

(i) Many complaints are recd through MoD /PMO /Presidential Sectt for investigation /actions.

(ii) The complaints once forwarded to the command HQ should be given a priority for investigation/corrective actions.

(iii) Reply must be given to the beneficiary by appropriate HQs (Stn HQ/Sub A) if it is mentioned in the letter by CO ECHS, else only fwd comments with Recommendations of Stn Cdr & Dir RC.

(iv) Once corresponding with beneficiary, no repeat no internal correspondence be shared. Once investigated SO, ECHS Stn HQ or Dir ECHS Sub A/Area HQ will respond to beneficiary based on the investigated/inquiry if any.

(v) If only comments have been sought, it will be fwd with due 'R' of Stn Cdr/Cdrs in chain.

(vi) If contact details (Phone No) of the complainant is available, the investigating authority must call up the beneficiary.

(vii) If the complaint is i:elated to any hospital, all actions will be taken as per SOP B/49717- C/AG/eCHS dt 04 Dec 2019.

(c) **Complaints Recd through Email /Post**.

(i) Complaints recd through emails are given acomplaint ID by Central Org ECHS which is mentioned in the subject line. Always mentioned the complaint ID in the response.

(ii) If the email complaint is being replied it should be tagged in the same email through which complaint was forwarded.

(iii) If the beneficiary has been replied the email should always be tagged to CO ECHS to close the complaint.

(iv) If Regional Centre forwards the complaint to Stn HQs for investigation and reply to the beneficiary, the Stn HQ with reply to beneficiary and will endorse copy of the RC and Commanders in chain with recommendations whether to close the case or not.

(v) No rpt No internal correspondence related to the case be shared with the complainant. At times it is seen Regional Centres/Sub Area as reply to beneficiary sending copy of reply recd from the Stn HQ / Hosp. It is wrong way of addressing a complaint and should be curbed.

(vi) If complaint is against any Hosp, all actions will be taken as per SOP Q/49717-C/AG/ECHS dt 04 Dec 2019. The beneficiary/complaint will be responded by the authorities (RC/Sub Area). No rpt No copy of internal correspondence will be fwd to the beneficiary/complainant.

(vii) investigations, if reqd should be transparent and all the parties should be part of the investigations, one side investigations are against the judicial procedures and does not stand legal scrutiny.

(d) **Complaintsrecd through COAS/AG/KRA Cell/DGMI.**

(i) Thecomplaints must be investigated on priority.

(ii) If thecomplaints are duplicate in nature, then other complaints are linked together and replied in as one.

(iii) Investigations carried out must have recommendations of Cdrs in Chain for disposal of the complaint depending on level of investigation ordered.

5. General Anomalies in Complaint & Grievance/Redressal.

(a) Reply to the beneficiaries given is showing vendetta and complaint is taken as personal ego hurt than as a feedback of a service receiver of a service provider.

(b) Stn HQs/Sub Area/Director Regional Centre forward the copy of replies received from lower HQ/Polyclinic to the beneficiary and dispose of the complaint which is not in order. No internal correspondence to be shared.

(c) Not all issues which ave been raised are addressed. Partial redressal does not lead to utmost satisfaction.

(d) Even if the contact details are available in the complaint/grievance no effort is made to contact him/her for clear picture. A call from authorities reduce the grievance intensity immediately.

(e) No recommendations of the authorities are provided wrt the grievance closure-or action to be taken.

(f) Relevant and responsible person's comments/statements a:~ not taken and reply given to the beneficiary or comments provided to the authont1es.

6. Features of Grievances Received.

(a) Discontent or dissatisfaction towards the services provided by the polyclinic staff or empanelled/service hospital.

(b) It may be factual, imaginary or disguised.

(c) It may highlight environment (employees), suppression services provided, lack of facilities which are mandatory-etc, behavioral issues of OICs/Staff/hosp1tal.

(d) Changein policies, pay rules/litigations etc.

Appx A (Ref Para 4 (a) (ix))

ExServicemen Contributory Health Scheme Subordinate Wise Feedback Report
Period of Report : 01/01/2019 to 31/12/2019 Date: 15/12/2020

Organisations ·	Excellent	Very Good	Good	Average	Poor
AHMEDABAD	0	1	0	0	1
ALLAHABAD	1	0	1	0	1
AMBALA	0	0	0	0	1
BAREILLY	0	0	0	0	5
CHANDIMANDIR	0	0	0	0	5
CHENNAI	1	0	0	0	0
COIMBATORE	0	1	0	0	1
DEHRADUN	0	0	0	1	1
Ex Servicemen Contributory Health Scheme	47	9	11	14	75
GUWAHATI	0	0	0	0	1
HISAR	1	0	0	0	8
HYDERABAD	4	0	0	0	0
JABALPUR	0	0	0	1	1
JAIPUR	0	0	2	0	3
JALANDHAR	1	0	0	0	3
JAMMU	0	1	0	0	1
KOCHI	1	1	0	0	0
KOLAKTA	1	0	0	0	7
LUCKNOW	0	0	0	0	1
MUMBAI	0	1	0	1	3
NAGPUR	0	0	0	0	1
Operations and Coordination	0	0	1	0	0
PATNA	3	0	0	0	0
PUNE	2	1	0	2	1
RANCHI	1	0	0	1	2
REGIONAL CENTRE ECHS DELHI EAST	2	0	0	0	11
REGIONAL CENTRE ECHS, WEST	0	1	1	1	13
Regional Centre ECHS, Bangalore	1	0	0	0	0
Stats and Automation	3	0	0	1	5
TRIVANDRUM	1	0	0	0	0
VISHAKHAPATNAM	0	0	0	1	1
TOTAL	**70**	**16**	**16**	**23**	**152**
BAREILLY	2	1	0	0	4
CHANDIMANDIR	0	0	0	0	8
CHENNAI	1	0	0	1	9
COIMBATORE	1	0	0	0	1
Ex Servicemen Contributory Health Scheme	34	8	0	9	53
HISAR	1	0	11	0	1
HYDERABAD	1	0	0	0	0
JABALPUR	0	0	0	0	1
JAIPUR	0	1	0	0	3
JALANDHAR	1	0	0	0	2
JAMMU	2	0	2	0	2
KOCHI	1	0	0	0	0
KOLAKTA	2	0	0	0	1
LUCKNOW	0	1	0	0	4

Medical Section Medicines	0	0	0	0	1
Medical Treatment Section	1	0	0	0	2
MUMBAI	0	1	0	1	3
PATNA	0	0	0	0	7
PUNE	1	0	1	0	1
RANCHI	2	0	0	0	6
REGIONAL CENTRE ECHS DELHI EAST	2	0	0	2	12
REGIONAL CENTRE ECHS, WEST	0	0	0	1	4
Regional Centre ECHS, Bangalore	4	1	0	0	3

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg,
NearGopinath Circle Delhi
Cantt-10

Tele: 011-20892332

Telefax: 011-25684946

Email : dircomplaint-mod@nic.in

B/49717-C/AG/ECHS

13 Jan 2021

(All Regional Centres)

REPLY OF COMPLAINTS ON CPGRAMS PORTAL

1. Ref this HQ letter No. B/49717 -C/AG/ECHS dt 16 Dec 20.

2 It has been observed that RCs while uploading reply on CPGRAMS portal are attaching reply recd from Stn HQ/Emp HCOs/ECHS Polyclinics. Furthermore, if any case has been taken up with CO ECHS the same is stated in the reply .

3. In view of the above fwg is advised:-
   (a) If case for any issue has been taken up with higher auth then the updated posn from the HQs be taken before replying on CPGRAMS .

   (b) If the issue raised is already under consideration. by any office under the RC, it should be resolved & then reply to be given.
   (c) No, internal correspondence to be showed on portal.
   (d) Only reply fwd to the complainant be uploaded on the portal.

4. For necessary action please.

(Vijay Singh Tanwar)
Lt Col
Jt Dir (C & L)
for MD ECHS

Copy to:-

All Comd HQs - For info/ please.

Tele : 011 -20892332
Telefax : 011 -25684946
·Email: dircomplaints-mod@nic.in

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
Thimayya Marg, Near Gopinath Circle
Delhi Cantt-10

B/49717-C/AG/ECHS

02 Jun 2021

(All Regional Centres)

ADVISORY : HANDLING CPGRAMS COMPLAINTS

1. Pl ref fwg advisories on the subject:-

   (a) This HQ letter No. B/49717-C/AG/ECHS dt 13 Jan 2021.

   (b) This HQ letter No. B/49717-C/AG/ECHS dt 16 Dec 2020.

2. A case has come to light in which a beneficiary complained on CPGRAMS regarding poor medical facilities in general and non availability of medical solutions of issues of veterans. The ref complaint was fwd to the Regional Centre for resolution. The RC had sent an email to the beneficiary:-

   "After going through your complaint it is not clear that when and what problem you have faced. Your complaint is factually incorrect and misleading. You are requested to give specifics of your complaint/grievance with details so that we can take appropriate action accordingly" .

3. On reading the reply it is clearly evident that the ibid advisories on CPGRAMS have not ,_J2 d1 ad hered to in letter and spirit. The reply evidently lacks empathy, personal communication and poor greviance resolution mechanism at RC level. It is therefore, imperative that whenever CPGRAMS complaint is received fwg actions must be taken:-
   .

(a) Once the grievance is recd the staff (preferably an offr) must speak to the be neficiary on the phone (If phone number provided) positively to understand the main issue and grievance.

(b) If a case has been taken up with higher auth them the updated posn from the HQ be taken before replying on CPGRAMS.

(c) If the issue raised is already under consideration by any office under the RC, it should be resolved & then reply should be given.

   (d) No, internal correspondence will be shown on portal.

   (e) Only reply fwd to the complainant be uploaded on the portal.

4. There is also an option to give an interim reply to the beneficiary/Querry from the benefIciary in CPGRAMS portal that also must be used in case required.

5. The reply to the beneficiary must:

   (a) Display empathy.

   (b) Have compassion.
   (c) Be polite, respectful and decisive.

6. For strict compliance pl.

(RPandey)
Col
Dir (C & L)
For MD ECHS

SOP FOR DISCIPLINARY ACTION AGAINST ECHS MEMBERS

Introduction

1. Various policies and procedures have been laid down for smooth and efficient functioning of ECHS. In the recent past cases of misuse of ECHS facilities by members or false declaration of facts have been reported The environment has also been reporting increase in misconduct on the part of the members. To ensure the efficient functioning of ECHS as per rules. there is need to lav down instructions to deal with cases of misuse and misconduct.

Aim

2. The aim of this Standard Operating Procedure is to lay down the actions to be taken at various levels on detection of misuse of ECHS facilities and misconduct by its members.

Areas of Misuse

3. Some of the areas of misuse are given below:-

(a) Seekingmembership for ineligible dependents.

(b) Not intimating change of status marriage/employment/improved financial status.

(C) Seekingmembership subsequently get detected.

(d) Availing the treatment facility either in the Polyclinics or in empanelled hospitals for unauthorized individual in the name of dependent members.

(e) Makingfalse or frivolous complaints repeatedly investigation are proved wrong.

(f) Availing facilities from two schemes i.e. ECHS and CGHS/Rly/State Govt/PSU/banks simultaneously,

(g) staff Misconduct including abusing/criminally assaulting/threatening the Polyclinic.

(h) Preferringbogus or inflated claims for re-imbursement with intention to defraud.

(j) Signingbills of treatment in empanelled hospital not actually utilized/availed.

(k) Any other type of misuse/misconduct

Reporting and Investigation of Cases

4 Cases of misuse/misconduct will be reported immediately to the concerned Stn HQ by he Polyclinic and any other authority who has observed the misuse/misconduct. Actions to be taken at various levels are given in succeeding paras.

5 **Action by OIC Polyclinic.** Cases of misuse/misconduct will be reported immediately on occurrence by OIC Polyclinics to the concerned Stn HQ.

6. **Action at Stn HQ.**

(a) On receipt of such report about misuse/misconduct an inquiry to be ordered into the same by the Stn Cdr by appointing an officer and such other person as he deems fit for an impartial inquiry.

(b) An inquiry report shall be prepared after due investigation into the allegation and fwd to the Stn Cdr along with recommendations.

(C) After due consideration of the Inquiry proceedings, if the Stn Cdr finds that any person is blameworthy for the alleged misconduct as mentioned in para 3 above, then he shall issue to such person a show cause notice specifically mentioning such lapses and provide him 30 days to submit his reply thereto.

(d) The accused shall also be provided with all documents and evidence addressed during the Inquiry.

(e) After considering the reply or after expiry of the time mentioned in the show cause notice, if the Stn Cdr concludes that the misconduct/misdemeanor of minor nature is established, he shall have powers to order suspension of membership of the a maximum period of six months. Copy of orders of the Stn Cdr will also be given to the accused.

(f) In case of major misconduct/misdemeanor, Stn termination of his/her membership.

(g Where recommendation for termination of membership has been made, the same will be forwarded to Central Org ECHS through the channel of command.

(h On the recommendation of Stn Cdr and channel of Command, Adjutant General will terminate the membership of ECHS.

7 **Appeal.** A member accused will be given 30 days clear time to appeal against the decision of the Stn Cdr after receipt of the decision by the individual. On receipt of the appeal,

the MG IC Adm of HQ Command will carry out necessary review of the appeal and endorse his remarks and fwd to Central Org ECHS for necessary action.

8 **Publicity.** In case where decision of termination of membership is taker names of such ESM shall be highlighted on the web and wide publicity given through concerned Regional Centre.

Reportsand Returns

9. TheRegional Centres shall compile and submit quarterly report of all breach of discipline cases i.e. for quarter ending Mar, Jun, Sep, Dec to Central Org ECHS by 15" of following month as per format attached as Appx 'A'.

(Narinder Pal Singh)
Col
Dir(Ops & Coord)
for AG

Case No: B/49717-CIAG/ECHS

Date:27Mar2008 Distr:

All Comd HQs

All Area/Sub Area/Stn HQs All

ECHS Regional Centres

Tele : 011-25695246
Telefax: 011-25684946

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD(Army)
Maude Lines
Delhi Cantt-l0

B/49717-C/ AG/ECHS

20 Aug 15

(All Regional Centres)

ADVISORY:DAY TODAY FUNCTIONING OF ECHS POLYCLINICS

1. This HQ receives numerous complaints regarding day to day functioning of ECHS polyclinics. Management of human resources is a key element of ECHS and the value and leverage of these resources cannot be ignored. The very fact that the human resource in question are people with "senior citizen age" and requiring very often geriatric care, itself leads to circumspection and empathy.

2. Devp of soft skills and sincerity in pursuing these skills at the ground level will undoubtedly create better functional environment and mutual respect between our veterans and the staff in Polyclinics/Regional Centres. As Dale Canregie once said, "The only way on earth to influence the other fellow is to talk about what he wants and show him how to get it". The fact that ECHS is about medical services, perception of the veterans must be taken into account while conducting own daily routine in Polyclinics/Regional Centres.

3 An anonymous complaint which is self explanatory received is att for introspection, dissemination and necessary corrective actions at your end

(RMalhotra)
Col
Dir (C&L)
For MD ECHS

Encls: As above.

DG (DC & W)

Adjutant General's Branch

Integrated HQ of MoD (Army)

South Block

New Delhi - 110011

B/49717 -C(VIG)/AG/ECHS

12 Jul 2018

HQ Southern Command (A/ECHS) PIN- 900541

C/o 56 APO

HQ Western Command (A/ECHS) PIN- 900543

C/o 56 APO

HQEastern Command (A/ECHS) PIN- 900542

C/o 56 APO

HQ Central Command (A/ECHS) PIN- 900544

C/o 56 APO

HQ Northern Command (A/ECHS) PIN-900545

C/o 56 APO

HQ Southern Western Command (A/ECHS) PIN -900546

C/o 56 APO·

VETERAN PATIENT CARE ANDASSISTANCE (VPCA) TEAMS A VIGILANCE MECHANISM IN ECHS

1. Ex Servicemen Contributory Health Scheme (ECHS) is a welfare oriented scheme providing effective healthcare to Ex Servicemen and their dependents. Since in 2003, the scheme has expanded exponentially and has nearly 52 lakh beneficiaries today throughout the length and breadth of the country.

2. There is a need to institute a vigilance framework with a nominated nodal officer at each echelon of the scheme to introduce checks and balances in the system to ensure its efficient and effective functioning. The vigilance frame-work so instituted will pay attention to the following aspects with a mechanism to detect, analyses and take corrective and preferably pre-emptive:-

(a) Ensure ECHS benefits are not availed by unauthorized persons.

(b) Check unethical practices / exploitation of ESMs by empanelled facilities.

(c) Monitor referral to empanelled facilities and carry out checks to negate unauthorized treatments/or claims.

(d) Check membership status of ESM dependents on as required basis.

Handling of ECHS Issues/Subject/Tasks

3. Tech issues relating to billing, claims and MoA with empanelled hospitals are dealt \ by Regional Centres of ECHS. All adm issues of Polyclinics are handled by Stn HQ.

4. Regional Centres (RC) ECHS. Comments/ assistance/inv/vigilance on following issues are carried out through RCs:-

(a) MoA with em panelled hospitals therefore complaints regarding empanelled hospitals/Harassment in empanelled hospitals.

(b) Claims/Billing issues of empanelled hospitals.

(c) Indl reimbursement claims received by RC from Polyclinics.

5. **Stn HQs**. Stn HOs handle the following issues:-

(a) Adm of Polyclinics.

(b) Cardmaking of beneficiaries.

(c) Contractual employment.

(d) Medicine availability through SEMO.

(e) C of I / detailed inv in empanelled hosp or service hosp.

Vigilance Cells

6. A feedback on the satisfactory functioning of Pilot Project at three stations has been obtained. It is now planned to institute the vigilance framework in 14 other major ECHS stations, to include Ambala, Bareilly, Channai, Hyderabad, Jaipur, Jabalpur, Jammu,Kochi, Kolkata, Lucknow, Meerut, Patna, Pune and Ranchi.

7. **Composition of Vigilance Cell.** The ECHS Vigilance Cell will function under the Stn Cdr and will incorporate a contractual Doctor/serving AMC officer for On-Spot verification of cases of alleged medical negligence/ violation of MoA. It will be composed as under:-

(a) **OIC Team**. Medical Offr (when accompanying) CMP JCO/NCO.

(b) **CMP Team**. Two CMP pers (JCO/NCO) in a light vehicle/MC.

(c) **Medical Team**. One Medical Offr (serving/contractual from ECHS) to be co-opted for all investigations related to hospitals/havinq examination of medical aspects. Serving offr may be also co-opted under arngs of Stn Cdr.

8. **Tasks of Vigilance Cell**. While not exhaustive, some of the tasks will be:-

(a) **At Polyclinics**.

(i) Investigateirregularities / fraudulence by contractual staff.

(ii) Physical verification of ESM and dependents (card and self attested proforma).

(iii) Review adm functioning of Polyclinics when so detailed by Stn / Sub Area / Area HQs on specific instructions

(iv) Surprise-physical check of Medicines / Dispensary.

(v) Surprise physical verification of ESM/dependents.

(vi) Check use of ambulance/equipment with Polyclinic.

(vii) Avlb of complaint/Grievance Book and redressal/Comments.

(b) **At Regional Centres.**

(i) Check BPA verifiers at Regional Centres and any wrong practices by Hospital reps.

(ii) Check process of receipt of bills.

(iii) Ensure process of First in First Out (FIFO) in billing/ as specified by Central Org .

(iv) Monitor hospital representatives visiting for empanelment process.

(v) Security procedure of Regional Centre premises.

(c) **At Hospitals/Diagnostic Centres/Labs**.

(i) Periodic/Surprise Checks of Empanelled Facilities and patients admitted.

(ii) Physical verification of patients at non-empanelled facilities when so directed.

(iii) Investigate individual cases of fraudulence by beneficiaries.

(iv) Carry - out preliminary investigation wrt complaints received at Regional Centre, if so directed by Director Regional Centre. These will be fwd to Stn Cdr being the nodal agency for check.

(v) Assist in medical audits if ordered by Regional Centres / Higher Headquarters.

Investigations and Reporting

9. Investigations. All complaints/reports are to be forwarded to Stn HQ in confidence irrespective of the subject being dealt by any agency. The Stn Cdr will brief the team and allocate the task to them in confidence. No prior info will be made available to vigilance cell members for surprise checks to avoid confidentiality being compromised. Routine and planned checks can be pre-decided.

10. Reporting. Reports will be of two types, viz/incident/info Report and Monthly Report. Reports of Vigilance Cell will be forwarded through Stn HQ SO (ECHS) to Area/Sub Area HQ (Dir ECHS/Dir Veteran) to Command HQ (SO ECHS) to Central Org ECHS (Dir C & L). All cases of misuse, fraud, negligence and harassment will be examined. Necessary technical assistance will be provided by ECHS Regional Centres.

(a) **Incident/Info Report**. This report will be initiated by the Stn HQ to imdt higher HQ in chain of command within seven days of investigation being completed, with copy to all echelons of Comd till Comd HQ and Central Organisation ECHS (Dir C & L) for prompt action. ' Report should be passed immediately on telephone depending on gravity of input, to all concerned and followed up by return report so that corrective measures are not delayed. The format is as per Appendix A. (in cases where delinquency in respect of serving pers come to notice, it will also be info to HQ Comd ·(DV) and DV Dte/AG's Br by Comd (SO ECHS) and Central Organisation ECHS respectively.)

(b) **Monthly Report.** A monthly report on surprise checks carried out during the month by the Vigilance Team will be forwarded to Central Org ECHS as per format on Appendix B by 20th of next month by the Comd HQ (SO ECHS).

11. **Report**. The report by the Vigilance Team for various est will be rendered as per u/m formats:-

(a) Empanelled Hospital	-	Appendix C.
(b) Regional Centre	-	Appendix D.
(c) Polyclinic	-	Appendix E.

12. **Check list**. A suggested check list for the Vigilance Team is at Appendix F.

13. The Stn Cdr will compile the activities of the vigilance team and render a ground report after three months to Central Org ECHS throuqb' comd channel with recommendations/inputs to refine the vigilance mechanism.

Yogendra Dimri) Lf
Gen
DG (DC&W)

Copy to:-

AG (Coord)
Provost Marshal
Air HQ (DAV), Subroto Park
IHQ of MoD (Navy), PO (ECHS) -.
Central Org, ECHS

For operationalisation of the said arrangements in Kochi pl. DV Dte

Appendix A

(Refer to Para 10(a) of letter No

dated)

SURPRISE INCIDENT/INFORMATION REPORT

1, Name of OIC Vigilance Team 2, ----------

Date and Time ----------

3. Place ----------

4. Brief on incident/information ----------

---

5. Signature of OIC Vigilance Team ----------

6. Comments of Stn HQ/ Sub Area / Area (HQ which has ordered the check)

---

7. Comments of Director Regional Centre / other echelons of Comd Channel (to be sent separately giving reference of Stn HQ letter if applicable. This portion to be left blank when Stn HQ is fwd the report to all).

---

8. Disposal at Central Org ECHS (C & L Section) ----------

Appendix B

(Refer to Para 1D(b) of letter No

dated }

MONTHLY REPORT OFSURPRISE CHECKS FORTHE

MONTH OF

CARRIEDOUT BY HQ

S NO.	DATE	OICVigilance Team	Hosp/RC/PC visited	Authentication checked / Details, if any	Remarks

Appendix C

(Referto Para 11(a) of letter No dated 1

VPCATEAMREPORT FORMFOR

EMPANELLED HOSPITALS

Name of Hospital Visited: ..... Date: ----------

OIC Team: .....

1. Timeof Arrival: ----------

2. Time of Departure: ----------

3. Functionaries of hospital interacted with:- (a)

(b) _____

(c) ----------

4. Wards Visited:-

Ser No	Ward	No of Referral Cases Admitted	Emergency Admission	Quality of Ward	Remarks

5. Details of beneficiaries whose antecedents IECHS card details checked:-

SerName	Name of Patient	ECHS Card No	Referral held	Admitted Since	Ward	Remarks

6. How many ECHS beneficiaries *w/o* referral:-

Ser No	Name of Patient	Dependent Polyclinic	Nature of Ailment	Reason for being without referral	Remarks

7. No of cases in which more than one dependent on ECHS members admitted in hospitals & details:-

Ser No	Details of Primary Beneficiary	Number & Relation with Dependent	Type of Treatment	Planning/Emergency Treatment	Remarks

8. Feedback from Patients about response and satisfaction:-

(a) Problem wrt availability of bed - Yes / No

(a) Response of Hospital - Good / Average / Below Average

(b) Any third party coercion by Hosp to get admitted - Yes / No

(c) Availability of specialists - Yes / No

9. Any other inputs / Recommendations.

OIC

Date: VPCA Team

Appendix D

(Refer to Para 11(b) of letter No dated }

VPCATEAMREPORT FORMFOR

REGIONAL CENTRES

Name of Regional Centre: ..... Date .....

OIC Team: ----------

---------- 1. Time of Arrival:

2. Time of Departure: ----------

3. Functionaries of RC interacted with:- (a)

(b) _____

(c) .....

4. Details of Check by BPA verifiers:-

Ser No	Name of Verifier	Name of Hospital		Remarks
		Physical Yes/No	Net Yes/No	

5. Details of Bills received:-

Ser No	Name of Person receiving bills	Hospital Name	No of Bills	Date & Time	Remarks

6. Details of first 10 FIFO:-

Ser No	Name of Hospital	Claim ID	Individual Reimbursement		Remarks
			Name of Veteran	Claim ID	

7. Details of hospital representatives visited:-

Ser No	Name	Hospital belongs to	Purpose

8. Any other details / points noticed:-I

Date:

OIC

VPCA Team

Appendix E

(Referto Para 11(c) ofletter No Dated)

VIGILANCETEAM REPORT FORM FOR

POLYCLINICS

Name of Polyclinic ..... Dated ------ OIC Team: ----------

1. Time of Arrival: ----------
2. Time of Departure: ----------
3. Functionaries of PC interacted with:- (a)
   (b) _____
   (c) .....
4. Details of beneficiaries whose antecedents / ECHS card details checked/ verified with MIS details at Reception:-

Ser No	Nameof Patient	ECHSCard No	Photo Matching Yes/No	Purpose	Waiting Time	Any Point/Remarks

5. Details of Referral generated:-

Ser No	Name of beneficiary	Nameof Empanelled hosp	Purpose OPD/IPD	Remarks

6. Details of Contractual Staff:-

Ser No	Name	Appt	NoofYrs/Monthof employment	Any Warning/Counselling	RemarksPointfrom them

7. Physical check of medicines/Dispensary (any 20 medicines):-

Ser No	Nameof Medicine	Qty on Ground	Qty as per ledger	Expiry Date	Remarks

8. Details of use of Ambulance in the last seven days:-

Ser No	Place of	Place To	Distance (Km)	Purpose	Remarks

9. Serviceability of equipments/ appliances:-

Ser No	Name of Egpt	Fitness Serviceable/Unserviceable	Vintage	Remarks

10. Details of last 10 complaints not redressed in complaint book:-

Ser No	Name of Beneficiary	Brief of details of Complaints	Redressal/Comments of authorities	Remarks

11. Any other point noticed/details

OIC

Date: VPCA Team

Appendix F

(Refer to Para 12 of letter No dated }

CHECKLIST: VPCA TEAM

1. The veterans Patient Care and Assistance (VPCA) Team is to check the points covered in succeeding paras and fwd the report as per Appx 0 to F as applicable.

Authorisation

2. ECHS beneficiaries! patient details should match with the ECHS card details to incl:-

   (a) Photo identity.

   (b) Service details.

   (c) Relationship details in case of dependent.

3. Dependent undergoing treatment should be an authorised beneficiary as per following norms:-

Husband/Wife, incl more than one wife and a judicially separated wife	
Parents	Earning < 9,000 plus DA Per monthfrom all sources.
Son	.:. Till he starts earning, gets married or attains the age of 25 years, whichever is earlier. .:. Son suffering from any permanent disability of any kind (Physical or mental), Irrespective of age limit.
Daughter	Till shestarts earning or gets married, irrespective of the age limit, whichever is earlier.
Dependent divorced! abandoned or separated from their husband! widowed daughters and dependent unmarried divorced abandoned or separated from their husband! widowed sister	Irrespective of age limit
Minor brother (s)	Upto the age of 18 years and having earning less than 9000 per month less DA from all sources.

4. **Treatment.**

(a) Patient is undergoing planned or emergency treatment.

(b) All ECHS members are undergoing treatment supported with referrals from ECHS Polyclinics.

(d) How many outstation members! beneficiaries are undergoing treatment in the hosp?

(d) Obtain statistics of emergency treatment at the empanelled facilities.

5. Check for availability of specialists doctors for the referrals made to the hasp.

6. Check if ECHS members are being asked to pay for peripherals and items that are part of the package.

7. Are patients/ECHS beneficiaries being approached or advised by indls who are not on the staff of hasp?

8. Obtain feedback from the patient about satisfaction on the line of treatment.

9. Obtain feedback from patients if hasp approaching members to get admitted as emergency patients.

10. Are more than one family member of the ECHS member admitted in the hasp at the same time?

11. Are similar tests being done repeatedly?

12. Average days for which ECHS beneficiary is admitted in the hasp for similar ailment compared to any other patient visiting the hasp.

Misc

13. Feedback from the ECHS beneficiary about response and facilities being extended by the hasp.

14. Response of hasp to the Veterans Patient Care and Assistance teams. 15. Issue of referral by choice of the patient.

16. Any problem in bed availability at empaneled hasp.

17. Need for med tests & gen line of treatment.

18. Any variation in No of patients actually in hasp vis-a-vis records available.

19. Any point highlighted by the hasp also to be included for examination to address their concern as well.